

Curriculum for a Broad Based Training Programme

Presented on behalf of the Royal Colleges of General Practitioners, Paediatrics and Child Health, Physicians and Psychiatrists

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BROAD BASED CORE TRAINING CURRICULUM

Specialties: General Practice, Psychiatry, Paediatrics, Medicine

Summary: A two-year structured programme for doctors who have successfully completed the Foundation Programme, providing six-month placements in four specialties to allow broader experience before applying for specialty training.

Section 1

1.1 Programme aims:

The broad based programme will:

1. Deliver a more broad based practitioner who is likely to be able to bring a wider perspective to healthcare provision both now and for the predicted future NHS.
2. Develop practitioners who are adept at managing complexity within patient presentations and the associated risk assessment and management.
3. Promote greater integration and understanding within the specialties involved in the programme for both trainers and trainees
4. Develop trainees who are well equipped to progress successfully into any of the specialties concerned at CT/ST2 level on successful completion of the BBT programme.
5. Allow trainees to develop conviction in their choice of career pathway
6. Provide the service an opportunity to recruit trainees into potentially under subscribed or expanding specialties.
7. Ensure that trainees have a firm grounding in the provision of patient focussed care.

The Broad Based Training Programme has been designed to give trainees a broad experience of specialties that have complementary aspects and if the programme is properly implemented there will be a synergism in the training that will promote the learning processes across the specialties.

1.2 Rationale

One of the aims of the Foundation programme has been to provide new medical graduates with an opportunity to experience a number of specialties before having to decide on the specialty in which they wish to train. Despite this a significant number of trainees coming to the end of their Foundation programme remain unsure in which specialty they wish to continue, or wish to change early in their specialty training programme. This problem may be aggravated by the need to apply for specialty training programmes early in the 2 year Foundation programme that most have only completed the first year of their programme. 'Tasters' within disparate specialties may help but are for a very short period and relatively few trainees undertake these. If a doctor discovers on completing a year or two of specialty training that they have made the wrong choice and wish to change specialty there will almost always be an increase in the time taken to achieve CCT in their new specialty. Time in training that does not relate to career direction is wasteful and trainees should have the opportunity to hone their focus on the specialties that provide the challenge of management of complex, multi-factorial problems as healthcare provision also changes its focus from acute single episode care to the management of long term conditions with the patient's needs at the centre of such care.

It is believed that in creating this new core programme we are recognising that there is a need to develop a generation of young doctors who have had a significant experience as a doctor in a number of specialties in different health-care settings. The latter feature is becoming more important with changes to health care provision where less is delivered in acute hospitals and more in community settings. Thus the broad basis to this programme is critical as this provides an opportunity for these trainees to work beyond the artificial

boundaries of healthcare and to develop a better understanding of patient pathways as the individual crosses the various sectors and agencies involved in health and social care.

Within the programme it is essential that there is expert educational supervision with associated career advice and mentoring readily available. Furthermore, it is anticipated that this programme will provide the opportunity of an integrated approach to learning for the trainee so that the multiple aspects that are necessary for optimal patient care can be linked across the separate specialties that constitute this programme.

All trainees, subject to satisfactory progress, will develop a broad experience base and, thus, the potential to enter any of the four specialties to pursue their training. Each placement contributes its own specialty learning outcomes to the programme as well as contributing to the core competencies that are integral to the programme as a whole.

At the end of the two year training programme, trainees will be able to choose to enter one of the four specialties, without further competition, at core training year 2 or specialty training year 2 level. This is subject to satisfactory progression through the programme. In general practice and paediatrics, trainees will enter into specialty training year 2 and, subject to satisfactory reviews, receive a certificate of completion of training (CCT) when the relevant competences as specified by the specialty curriculum have been acquired. In the medical specialties and psychiatry, trainees will complete core training and subsequently compete for entry to higher training.

1.3 Programme structure

This will consist of four six month placements in each of the parent specialties (general medicine, paediatrics, psychiatry and general practice) each being an entry level (CT/ST1) post in that specialty. Most of the teaching and learning will be in the work place with appropriate clinical and education supervision. As well as specialty specific work place teaching there will be a joint learning programme organised by the training programme director giving the opportunities for trainees from all specialties to learn together and to acquire competences which are both important and common to all specialties. Furthermore, it is anticipated that during any one six month block 10% of time will be spent gaining experience in one of the other specialties so that relevant patient pathways may be encountered by an individual trainee. Examples of this may include following a patient referred from General Practice to one of the hospital based specialties and back again to the community, or inter-specialty referrals within the hospital itself or to General Practice. This specific part of the programme should be encouraged to ensure that trainees have a better understanding of complete patient pathways. The programme director, who will be appointed by and accountable to the Postgraduate Dean, will be responsible for the delivery of the training programme and organising the ARCPs.

Trainees will be allocated an educational supervisor for the whole programme (usually the educational supervisor for the first post) and a clinical supervisor for each placement. There will need to be a process for transfer of information on progress from supervisor to supervisor at the end of each placement, and the programme director will also follow progress through end-of-placement questionnaires and review or portfolios. Clinical supervision will be either combined with educational supervision or provided in line with policies of the specialty school concerned.

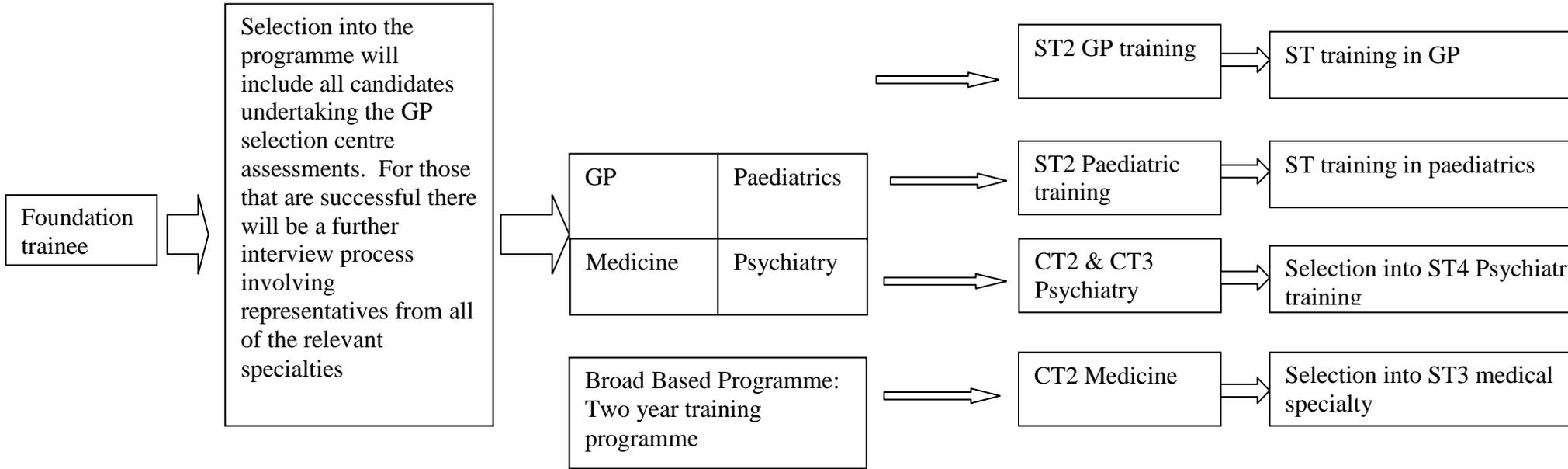
Careers advice on progressing with a chosen specialty should be available and at any point trainees should be able to contact the training programme director or the educational supervisor of that specialty even if they have not yet undertaken that placement.

The syllabus for each placement (including assessment requirements) has been determined by each Royal College, and approved by the GMC and will be set at CT/ST1 entry level. The competences that should be acquired during each attachment are set out in this document. An e-portfolio is being developed for use by BBT trainees. The specialties will collaborate in recruitment to the programme and it has been agreed that all trainees should successfully undertake the GP selection process followed by a BBT specific selection centre with panel members coming from the other three specialties.

It is vital that deaneries should ensure that the programme is adequately structured and supervised and thus it is critical that a training programme director is appointed and that there are educational supervisors from each part of the rotation who may be contacted easily by trainees. Each trainee should have an educational supervisor who supervises them over the two year period and information about each trainee should be passed on a frequent basis from clinical supervisors who will be responsible for the trainee in each six months of training.

Each trainee should undertake an audit or quality improvement project during the two year training programme and the trainee should be encouraged to complete the audit cycle and formally present their results to the relevant service and the programme faculty. The project should by preference be determined by the trainee themselves but this will require help and support from their educational supervisor.

Diagrammatic Representation of Progress through the Broad Based Training Programme



Assessment of progression uses workplace based assessments during each phase of training. Assessment of knowledge is performed by the relevant college examinations. These are positioned at disparate times according to the specialty that the trainee wishes to follow. All trainees wishing to enter the Broad Based training programme will have to undertake assessment by the GP selection centre process prior to entry. Although no specific requirements are made for trainees to have completed any specific postgraduate examinations during the course of this training programme they are reminded that such progress will have to be made to enable completion of training e.g. for entry to an ST3 programme of training within the physician specialties full MRCP will have to be attained and for entry to an ST4 programme of training within the psychiatry specialties full MRCPsych will have to be attained. Similarly, but within the subsequent specialty years of GP and Paediatrics, passing of the relevant postgraduate examination is a mandatory part of progression.

1.4 Exit into specialty training

At the end of the two year programme, trainees will be able to choose without further competition one of the four specialties to enter at CT/ST2 level, subject to satisfactory progression through the programme. For General Practice and Paediatrics trainees will exit from the Broad Based Training programme into ST2 posts in their respective specialty and, subject to satisfactory progress, go on to complete their training to CCT level.

After completion of Broad Based training trainees who wish to pursue the medical or psychiatric specialties will move into core medical training or general psychiatry posts to acquire the necessary competences that will allow to apply for competitive recruitment into ST3 or ST4 that will then lead to training in their choice of medical or psychiatric specialty.

1.5 Learning Outcomes

Each of the specialties using the broad-based curriculum are characterised by requiring the intellectual skill of complex professional judgment in contexts that require high-level communication skills, emotional intelligence, compassion, patient-partnership and teamwork. It is therefore appropriate to consider the competencies that reflect these factors and allow the foundation for specialist training in these specialties to be laid.

Each College has determined the learning outcomes for the placement in their specialty, bearing in mind that each placement will be at CT/ST1 entry level and will be based on the specialty training curriculum for that college. There will also be some clinical and/or professional learning outcomes which apply to the programme as a whole and which may be achieved in each of the placements and these are referred to as programme learning outcomes.

Common Theme Competences

To support the coherence of the training in this programme, the primary learning objectives have been grouped around common themes, important for all specialties. The themes have been expressed as generic learning outcomes. These common themes constitute the first part of this curriculum starting with communication. The common theme competences are supplemented by the specialty specific competences that are defined in the curriculum. Acquisition of competences has to be formally assessed but it not anticipated that every competence that is defined should have to be 'signed off' rather it is recommended that sampling of the competences by workplace based assessments supplemented by reports from the clinical and educational supervisors should be used to monitor trainee progress.

This will be supplemented, of course, by the trainee's progress in the relevant professional examination. Each trainee should consider, with advice from the programme faculty when required, which specialty examination is most appropriate for their career aspirations and ensure that they have adequate information from the relevant college.

Specialty Specific Competences

The sections from 7-16 are divided into the specialty specific competences. These may include a greater emphasis from the specialty perspectives on some of the general competences as trainees undertaking broad based training will be able to undertake careers in any of the specialties that constitute this programme and must therefore acquire all the relevant competences outlined from all of the component specialties

Evaluation

As this is a new programme of medical training for 2013 it is vital, therefore, that we ensure that the ambitions of the programme are truly delivered. There will be a seven deanery pilot of this curriculum with the necessity to ensure that the structures that are required are in place, that the views of trainees and trainers are adequately considered and that the output from the programme is reviewed. To that end it is anticipated that the BBT group will be involved in ensuring that the disparate pilot sites develop along similar lines, that evaluation templates are sent to all trainees and trainers at the end of first year of the programme and at completion and that there is an overall review of these results at the pilots progress. The separate colleges have already engaged with this process and will work with the deaneries towards success of the programme.

2 Common Theme competences

The common theme competences are presented here for all the specialties. Where there are specific aspects that should be learnt during training in one of the specialties these are listed under the specialty sections. For each of these competences examples are given of assessments that may be used to prove acquisition of the competence, this list is however not meant to be all embracing. It may well be possible to use other assessment methods to demonstrate competence. Trainees are encouraged to collect evidence of competence acquisition and discuss their progress with their educational and clinical supervisors throughout their training programme.

2.0. Communication

- 2.1 History taking
- 2.2 The patient as central focus of care
- 2.3 Managing long-term conditions and promoting patient self care
- 2.4 Relationships with patients and communication within a consultation
- 2.5 Breaking bad news
- 2.6 Complaints and clinical error
- 2.7 Communication with colleagues and cooperation

Objectives

(NB. The figures in parentheses in each of the common competences sections relate to the relevant sections of the Academy of Medical Royal Colleges Common Competences Framework for Doctors 2009)

1. *To elicit a relevant focused history from patients with increasingly complex issues and in increasingly challenging circumstances (2.1)*
2. *To recognise the need, and develop the abilities, to communicate effectively and sensitively, including when breaking bad news, with patients, relatives and carers (where relevant) (4.1 & 4.2)*
3. *Prioritise the patient's wishes encompassing their beliefs, concerns expectations and needs. (3.3) including being able to communicate a diagnostic and therapeutic plan appropriately (3.2) and promoting individual health (4.5)*
4. *Work with patients and use their expertise to manage their condition collaboratively and in partnership, with mutual benefit (3.9)*
5. *To understand the necessity of obtaining valid consent from the patient, know how to obtain it and obtain when indicated (5.2)*
6. *To communicate succinctly and effectively with other professionals as appropriate (4.4)*
7. *To be able to deliver an honest and effective apology (4.3)*

The tables below divide competences into Level 1 and Level 2 Descriptors. Competence at the Level 1 Descriptors should be achieved during the first year of training whereas the level 2 descriptors should be acquired by the end of the road Based Programme.

Assessment of the common competences should be undertaken throughout the Broad Based Training programme using the Workplace based assessments that are

defined within this document and that have been developed by the relevant Royal Colleges. These may include case based discussion, mini-CEX, consultation observation tool, case based discussion group assessment, audit assessment, patient survey, assessment of clinical expertise, teaching observation and learning log according to the specialty. The trainee must ensure that the common competences are assessed as well as the specialty specific competences during these encounters so that evidence may accumulate with regard to acquisition of these competences.

2.0. Communication	Assessment methods	GMP Domains
<p>2.1 History taking</p> <p>Level 1</p> <ul style="list-style-type: none"> - Obtains records and presents accurate clinical history relevant to the clinical presentation. - Elicits most important positive and negative indicators of diagnosis - Includes an indication of patient's views - Starts to screen out irrelevant information - Able to format notes in a logical way, writes legibly, dating and signing entries - Records regular follow up notes in an appropriate manner <p>Level 2</p> <ul style="list-style-type: none"> - Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatients consultation onward referral - Demonstrates ability to target patient history to discriminate between likely clinical diagnoses - Records information informatively - Able to write a summary of the case when the patient has been seen and clerked by more junior colleagues - Written notes are always comprehensive, focused and informative - Able to accurately summarise the details of patient notes - Demonstrates an awareness that effective history taking needs to take due account of patients' beliefs and understanding 	<p>miniCEX, miniACE, MSF, COT, DOPs</p>	<p>1,3</p>
<p>2.2 The patient as central focus of care</p> <p>Level 1</p> <ul style="list-style-type: none"> - Responds honestly and promptly to patient questions but knows when to refer for senior help - Introduces self clearly to patients and indicates own place in team/practice. - Always checks that patients are comfortable and willing to be seen. Asks about and explains all elements of examination before undertaking straightforward procedures e.g. taking a pulse - Always warns patients of any procedure and is aware of the notion of implicit consent - Always seeks senior help when does not know answer to patients' queries - Always asks patients if there is anything else they need to know or ask - Discusses with patients others factors which could influence their personal health. 	<p>miniCEX, miniACE, MSF, COT, DOPs</p>	<p>1,3</p>

<p>Level 2</p> <ul style="list-style-type: none"> - Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope - Sensitive to patients cultural values and beliefs - Able to explain diagnoses and clinical procedures in ways that enable patients understand and make decisions about their own healthcare - Maximises patient compliance by providing full explanations of the need for the medicines prescribed 		
<p>2.3 Managing long-term conditions and promoting patient self care</p> <p>Level 1</p> <ul style="list-style-type: none"> - Describes relevant long-term conditions - Understands that 'quality of life' is an important goal of care and that this may have different meanings for each patient - Awareness of the need for promotion of patient self care and independence - Helps the patient to develop an active understanding of their condition and how they can be involved in their own self care. <p>Level 2</p> <ul style="list-style-type: none"> - Provides the patient with evidence based information and assists the patient in understanding this material. - Utilises the team to promote excellent patient care 	<p>miniCEX, CbD, COT,</p>	<p>1,3</p>
<p>2.4 Relationships with patients and communication within a consultation</p> <p>Level 1</p> <ul style="list-style-type: none"> - Conducts simple consultations with empathy and sensitivity, and writes accurate records of these. - Discusses risks of treatments with patients and is able to help patients make decisions about their treatment - Able to explain infection control protocols to trainee doctors, patients and their relatives or carers (where relevant). - Always checks for consent for the most simple and non-invasive processes e.g. history taking <p>Level 2</p> <ul style="list-style-type: none"> - Conducts interviews on complex concepts, confirming that accurate two-way communication has occurred. - Handles communication difficulties, involving others as necessary; establishes excellent rapport. - Counsels patients on the need for information distribution between members of the immediate healthcare team and seek patients consent for disclosure of identifiable information - Discusses with the patient with whom they would like information about their health to be shared. 	<p>miniCEX, COT</p>	<p>1,2, 3,4</p>

<ul style="list-style-type: none"> - Explains complex treatments in a straight forward meaningful way that patients and relatives or carers (where relevant) understand in order to obtain appropriate consent - Wherever possible involves patients in decision making. 		
<p>2.5 Breaking bad news</p> <p>Level 1</p> <ul style="list-style-type: none"> - Comprehends when bad news must be imparted. - Requires guidance to deal with most cases <p>Level 2</p> <ul style="list-style-type: none"> - Able to 'break' bad news in planned settings following preparatory discussion with seniors - Prepares well for interview - Prepares the patient to receive bad news - Responsive to the patient's reactions 	<p>miniCEX, CbD, MSF, COT</p>	<p>1,3</p>
<p>2.6 Complaints and clinical error</p> <p>Level 1</p> <ul style="list-style-type: none"> - Apologises to the patient for any failure as soon as it is recognised, however small - Understands and describes the local complaints procedure - Understands the importance of an effective apology - Learns from errors <p>Level 2</p> <ul style="list-style-type: none"> - Manages conflict without confrontation - Leads discussions of causes of clinical incidents with staff and enables them to reflect on the causes 	<p>miniCEX, miniACE CbD, MSF, COT</p>	<p>1,2,3</p>
<p>2.7 Communication with colleagues and cooperation</p> <p>Level 1</p> <ul style="list-style-type: none"> - Accepts role in the healthcare team and communicates appropriately with all relevant members of the healthcare team - Knows who the other members of the healthcare team are and ensures effective communication. - Always discusses antibiotic use with a more senior colleague - Discusses with a senior colleague if in doubt about a patient's competence and ability to consent even to the most simple of acts e.g. history taking or examination <p>Level 2</p> <ul style="list-style-type: none"> - Fully comprehends the role of, and communicates appropriately with, all relevant potential team members (individual and corporate) - Supports other members of the team. Ensures that all are 	<p>MSF,</p>	<p>3,4</p>

<p>aware of their roles.</p> <ul style="list-style-type: none"> - Demonstrates ability to discuss problems within a team to senior colleagues - Identifies to senior clinical team members cases which should be reported to external bodies and where appropriate and initiate that report - Demonstrates good presentation and writing skills - Able to supervise medical trainee, nurse, colleague or member of the wider healthcare team through a procedure or episode of care. - Performs Workplace-based Assessments including being able to give effective and appropriate feedback - Delivers small group teaching to medical trainees, nurses, colleagues or members of the wider healthcare team - Able to teach clinical skills effectively. - Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback 		
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3 Integrated Clinical Practice

3.1 Clinical examination

Health promotion and health improvement

- 3.2 Comprehends the need for disparate approaches to individual patients
- 3.3 Therapeutics and safe prescribing: Understands the importance of patient compliance with prescribed medication and knows indications for commonly used drugs that require monitoring to avoid adverse effects

Optimising patient care

- 3.4 Time management and personal organisation: comprehends the need to identify work priorities and compiles a list of tasks
- 3.5 Always follows local infection control protocols. Including washing hands before and after seeing all patients Decision making and clinical reasoning

Prioritisation of patient safety in clinical practice

- 3.6 Respects and follows ward protocols and guidelines

Managing long-term conditions and promoting patient self care.

- 3.7 Describes relevant long-term conditions
- 3.8 Always follows local protocols in relation to obtaining advice and guidance regarding the management of a patient

Objectives:

1. *To perform focused, relevant and accurate clinical examination (2.2)*
2. *To relate physical findings to history in order to establish differential diagnosis and formulate an appropriate diagnostic and therapeutic management plan.(2.2) (3.2)*
3. *To prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice including non-medication based therapeutic and preventative indications(2.3)*
4. *To prioritise and organise work in order to optimise patient care and effectiveness of the clinical team (3.1))*
5. *To manage and control infection in patients. Including controlling the risk of cross-infection and working appropriately within the wider community to manage the risk posed by communicable diseases (3.7)*
6. *To ensure actions always promote patient safety (3.4)*
7. *Work with patients and use their expertise to manage their condition collaboratively and in partnership, with mutual benefit (3.9)*
8. *To understand the relationship of the physical environment to health (3.8)*

9. To be able to identify situations where environmental exposure may be the cause of ill health (3.8)

3 Integrated Clinical Practice	Assessment	GMP Domain
<p>3.1 Clinical examination</p> <p>Level 1</p> <ul style="list-style-type: none"> • Performs basic physical examination and accurately describes and records findings - Elicits most important physical signs - Uses and interprets findings of basic examination appropriately to perform further relevant examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow <p>Level 2</p> <ul style="list-style-type: none"> • Performs focussed clinical examination directed to presenting complaint e.g. cardiorespiratory, abdominal pain - Actively seeks and elicits relevant positive and negative signs - Uses and interprets findings of extended examination appropriately e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy 	miniCEX, ACAT, DOPs	1,4
<p>3.2 Comprehends the need for disparate approaches to individual patients</p> <p>Level 1</p> <ul style="list-style-type: none"> - In a straightforward clinical case: - Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence - Institutes an appropriate investigative plan - Institutes an appropriate therapeutic plan - Seeks appropriate support from others - Takes account of the patients' wishes and records them accurately and succinctly <p>Level 2</p> <ul style="list-style-type: none"> - In a difficult clinical case: - Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence - Institutes an appropriate investigative plan - Institutes an appropriate therapeutic plan - Seeks appropriate support from others - Takes account of the patient's wishes and records them accurately and succinctly 	miniCEX, CbD, ACAT, MSF, DOPs	1,3,4
<p>3.3 Therapeutics and safe prescribing: Understands the importance of patient compliance with prescribed medication and knows indications for commonly used drugs that require monitoring to avoid adverse effects</p> <p>Level 1</p>		

<ul style="list-style-type: none"> - Understands the importance of patient compliance with prescribed medication - Outlines the adverse effects of commonly prescribed medicines - Uses reference works to ensure accurate and precise prescribing - Takes advice on the most appropriate medicine in all but the most common situations - Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in a patients care <p>Level 2</p> <ul style="list-style-type: none"> - Knows indications for commonly used drugs that require monitoring to avoid adverse effects - Modifies patients prescriptions to ensure that the most appropriate medicines are used for any specific condition - Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care - Maximises patient compliance by providing full explanations of the need for the medicines prescribed 	<p>miniCEX, CbD,</p>	<p>1,2</p>
<p>3.4 Optimising patient care: Time management and personal organisation: Comprehends the need to identify work priorities and compiles a list of tasks</p> <p>Level 1</p> <ul style="list-style-type: none"> - Comprehends the need to identify work and compiles a list of tasks - Works systematically through tasks and attempts to prioritise - Discusses the relative importance of tasks with more senior colleagues - Understands importance of completing tasks and checks progress with more senior members of the multidisciplinary team - Understands importance of communicating progress with other team members - Able to say when finding workload too much - Always consults more senior member of team when unsure. <p>Level 2</p> <ul style="list-style-type: none"> - Organises work appropriately and is able to prioritise - Works with and guides more junior colleagues and takes work from them if they are overloaded - Discusses work on a daily basis with more senior member of team. - Completes work within an acceptable amount of time. 	<p>miniCEX, miniACE, ACAT, CbD</p>	<p>1,2,3, 4</p>
<p>3.5 Optimising patient care: Always follows local infection control protocols. Including washing hands before and after seeing all patients Decision making and clinical reasoning</p> <p>Level 1</p> <ul style="list-style-type: none"> - Always follows local infection control protocols. Including 	<p>miniCEX, CbD, DOPs</p>	<p>1,2,3</p>

<p>washing hands before and after seeing all patients</p> <ul style="list-style-type: none"> - Able to explain infection control protocols to trainee doctors, patients and their relatives or carers (where relevant). Always defers to the nursing team about matters of ward management. - Aware of infections of concern – including MRSA and C difficile - Aware of the risks of nosocomial infections - Understands the links between antibiotic prescription and the development of nosocomial infections - Always discusses antibiotic use with a more senior colleague - Understands need for aseptic technique - Demonstrates ability to perform basic hand hygiene. <p>Level 2</p> <ul style="list-style-type: none"> - Demonstrates ability to perform simple clinical procedures utilising effective aseptic technique - Manages simple common infections in patients using first-line treatments - Communicates effectively to the patient the need for treatment and any messages to prevent re-infection or spread - Liaises with diagnostic departments in relation to appropriate investigations and tests - Knowledge of which diseases should be noted and undertake notification promptly. 		
<p>3.6 Prioritisation of patient safety in clinical practice: Respects and follows ward protocols and guidelines</p> <p>Level 1</p> <ul style="list-style-type: none"> - Respects and follows ward protocols and guidelines - Takes direction from the nursing staff as well as medical team on matters related to patient safety - Discusses risks of treatments with patients and is able to help patients make decisions about their treatment - Always ensures the safe use of equipment - Follows guidelines unless there is a clear reason for doing otherwise - Acts promptly when a patient’s condition deteriorates - Always escalates concerns promptly. - If an error is made immediately rectifies it and/or reports it <p>Level 2</p> <ul style="list-style-type: none"> - Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety - Understands the relationship between good team-working and patient safety - Able to work with and when appropriate lead the whole clinical team - Promotes patient safety to more junior colleagues 	<p>miniCEX, Cbd, DOPs, MSF, ACAT</p>	<p>2,3,4</p>

<ul style="list-style-type: none"> - Comprehends untoward or significant events and always reports these - Leads discussions of causes of clinical incidents with staff and enables them to reflect on the causes - Able to undertake a root cause analysis. 		
<p>3.7 Managing long-term conditions and promoting patient self care: Describes relevant long-term conditions</p> <p>Level 1</p> <ul style="list-style-type: none"> - Describes relevant long-term conditions - Understands that 'quality of life' is an important goal of care and that this may have different meanings for each patient - Awareness of the need for promotion of patient self care and independence - Helps the patient to develop an active understanding of their condition and how they can be involved in their own self care. <p>Level 2</p> <ul style="list-style-type: none"> - Demonstrates awareness of management of long-term conditions relevant to the trainee doctors practice - Awareness of the tools and devices that can be used in long-term conditions - Awareness of external agencies that can improve patient care and/or provide support - Provides the patient with evidence based information and assists the patient in understanding this material. Utilises the team to promote excellent patient care 	<p>miniCEX, miniACE, CbD</p>	<p>1,3,4</p>
<p>3.8 Always follows local protocols in relation to obtaining advice and guidance regarding the management of a patient</p> <p>Level 1</p> <ul style="list-style-type: none"> - Always follows local protocols in relation to obtaining advice and guidance regarding the management of a patient - Effectively undertakes any specific procedures required by these protocols <p>Level 2</p> <ul style="list-style-type: none"> - Appropriately considers the possibility of chemical exposure in relation to a patient's presenting condition or response to therapy - Actively discusses such issues with other members of the team including potential management options. 	<p>miniCEX, miniACE, CbD, MSF</p>	<p>2,3</p>

4 Standards of care and education

- 4.1 Principles of medical ethics and confidentiality
- 4.2 Valid consent
- 4.3 Legal framework for practice
- 4.4 Ethical research
- 4.5 Evidence and guidelines

4.6 Audit and principles of quality and safety improvement

4.7 Teaching and training

Objectives:

1. *To understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality (5.1)*
2. *To understand the necessity of obtaining valid consent from the patient, know how to obtain it and obtain when indicated (5.2)*
3. *To understand the legal framework within which healthcare is provided in the UK and/or devolved administrations in order to ensure that personal clinical practice is always provided in line with this legal framework (5.3)*
4. *To understand and apply relevant ethical guidelines as applied to research (5.4)*
5. *To make the optimal use of current best evidence in making decisions about the care of patients*
6. *To understand, and use, evidence based guidelines and protocols in relation to medical practice (6.1)*
7. *To perform an audit of clinical practice, to apply the findings appropriately and complete the audit cycle (6.2)*
8. *To develop the ability to facilitate learning through a variety of different means across a range of contexts*
9. *To plan and deliver education and training*
10. *To develop the ability to use assessment to promote learning.(6.3)*
11. *To evaluate the effectiveness of own teaching (6.3)*

4 Standards of care and education	Assessment	GMP Domains
<p>4.1 Principles of medical ethics and confidentiality Level 1</p> <ul style="list-style-type: none"> - Respects patients' confidentiality and their autonomy - Demonstrates the need for the highest regard for confidentiality adhering to the Data Protection Act with respect to information about patients - Keeps in mind, when writing or storing data, the importance of the Freedom of Information Act. - Knowledge of the guidance given by the GMC in respect of the Data Protection Act and the Freedom of Information Act - Does not hurry patients into decisions - Demonstrates understanding that the information in patient's notes is the patients - Only shares information outside the clinical team and the patient after discussion with senior colleagues - Demonstrates familiarity with the principles of the Mental Capacity Act - Discusses with a senior colleague if in doubt about a patient's 	miniCEX, Cbd, MSF	2,3,4

<p>competence and ability to consent even to the most simple of acts e.g. history taking or examination</p> <ul style="list-style-type: none"> - Participates in decisions about resuscitation status and withholding or withdrawing treatment <p>Level 2</p> <ul style="list-style-type: none"> - Counsels patients on the need for information distribution between members of the immediate healthcare team and seek patients consent for disclosure of identifiable information - Discusses with the patient with whom they would like information about their health to be shared. 		
<p>4.2 Valid consent</p> <p>Level 1</p> <ul style="list-style-type: none"> - Demonstrates understanding that consent should be sought ideally by the person undertaking a procedure and in the absence of the patient's consent, by someone competent to undertake the procedure - Demonstrates understanding of the consent process - Always checks for consent for the most simple and non-invasive processes e.g. history taking - Understands the concept of 'implicit consent' - Obtains consent for straightforward treatments that they are competent to undertake with appropriate regard for patient's autonomy <p>Level 2</p> <ul style="list-style-type: none"> - Explains complex treatments in a straight forward meaningful way that patients and relatives or carers (where relevant) understand in order to obtain appropriate consent - Checks patients and relatives or carers (where relevant) understanding - Responds appropriately when a patient declines consent even when the procedure would on balance of probability benefit the patient 	miniCEX, CbD	2,3,4
<p>4.3 Legal framework for practice</p> <p>Level 1</p> <ul style="list-style-type: none"> - Demonstrates knowledge of the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC - Demonstrates knowledge of the limits of professional capabilities, particularly those of pre-registration doctors 	miniCEX, CbD	2,4
<p>4.4 Ethical research</p> <p>Level 1</p> <ul style="list-style-type: none"> - Defines ethical research and demonstrates awareness of GMC guidelines - Differentiates audit and research and understands the different types of research approaches e.g. quantitative and qualitative - Knows how to use databases 	miniCEX, CbD	2,3

<p>Level 2</p> <ul style="list-style-type: none"> - Demonstrates good presentation and writing skills - Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper <p>4.5 Evidence and guidelines</p> <p>Level 1</p> <ul style="list-style-type: none"> - Participates in departmental or other local journal club - Critically reviews and article to identify the level of evidence and submits the same for objective review <p>Level 2</p> <ul style="list-style-type: none"> - Able to explain the evidence base of clinical care to patients and to other members of the clinical team - Leads in a departmental or other local journal club - Undertakes a literature review in relation to a clinical problem or topic and presents the same 		
<p>4.6 Audit and principles of quality and safety improvement</p> <p>Level 1</p> <ul style="list-style-type: none"> - Contributes data to a local or national audit - Suggests ideas for local audits <p>Level 2</p> <ul style="list-style-type: none"> - Identifies problems and develops standards for a local audit - Describes and implements the Plan, Do, Study, Act (PDSA) cycle and/or takes an audit through the cycle 	<p>Audit assessment</p>	<p>1,2</p>
<p>4.7 Teaching and training</p> <p>Level 1</p> <ul style="list-style-type: none"> - Prepares appropriate materials to support teaching episodes - Seeks and interprets simple feedback following teaching <p>Level 2</p> <ul style="list-style-type: none"> - Able to supervise medical trainee, nurse, colleague or member of the wider healthcare team through a procedure or episode of care - Performs Workplace-based Assessments including being able to give effective and appropriate feedback - Delivers small group teaching to medical trainees, nurses, colleagues or members of the wider healthcare team - Able to teach clinical skills effectively. 	<p>Teaching assessment</p>	<p>1,3</p>

5 Personal Behaviour

Objectives:

1. *To demonstrate the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes*
2. *To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective*
3. *To demonstrate the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem.*
4. *To act with integrity in all situations (7.1)*

5 Personal Behaviour	Assessment	GMP Domain
<p>5.1 Personal Behaviours</p> <p>Level 1</p> <ul style="list-style-type: none"> - Works as a valued member of the multidisciplinary team - Listens well to others and takes other viewpoints into consideration - Supports patients and relatives at times of difficulty e.g. after receiving difficult news - Is polite and calm when 'called' or asked to help - Acknowledges the skills of all members of the team. - Only undertakes consent for a procedure that he/she is competent to do - Comprehends the need to develop specific skills - Comprehends need for honesty in management of complaints - Responds promptly to concerns that have been raised <p>Level 2</p> <ul style="list-style-type: none"> - Responds to criticism positively and seeks to understand its origins and works to improve - Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback - Wherever possible involves patients in decision making. 	<p>MSF, miniCEX, ACAT</p>	<p>3,4</p>

6. Management and leadership

Including Team-working and patient safety, Infection control, Environmental Protection and Emergency Planning and Management and NHS structure

Objectives:

1. *To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision (8.1)*
2. *To work well in a variety of different teams and agencies (social services, police, safe guarding children) for example the ward team, the infection*

- control team, the primary care team - and to contribute to discussion on the team's role in patient safety*
3. *To display the leadership skills necessary to lead teams so that they are more effective and better able to deliver safer care. (3.4)*
 4. *To recognise the desirability of monitoring performance, learning from mistakes and adopting a 'no blame' culture in order to ensure high standards of care and optimise patient safety. (3.6)*
 5. *To manage and control infection in patients. Including controlling the risk of cross-infection and working appropriately within the wider community to manage the risk posed by communicable diseases (3.7)*
 6. *To understand the relationship of the physical environment to health*
 7. *To be able to identify situations where environmental exposure may be the cause of ill health*
 8. *To understand and participate in local emergency arrangements (3.8)*

6. Management and leadership	Assessments	GMP Domain
<p>Management and Leadership Level 1</p> <ul style="list-style-type: none"> - Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare. - Describes the roles of members of the clinical team and the relationships between those roles. - Participates fully in clinical coding arrangements and other relevant local activities. - Respects and follows local protocols and guidelines - Takes direction from the other members of the healthcare team as appropriate on matters related to patient safety - Discusses risks of treatments with patients and is able to help patients make decisions about their treatment - Always ensures the safe use of equipment - Follows guidelines unless there is a clear reason for doing otherwise - Acts promptly when a patient's condition deteriorates - Always escalates concerns promptly. - Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities; safeguarding high standards of care and facilitating the development of improved clinical services - Maintains personal portfolio. - Effectively undertakes duties within the local emergency plan. <p>Level 2</p> <ul style="list-style-type: none"> - Describes the relationship between PCTs/Health Boards, General Practice and Trusts including relationships with local authorities and social services. - Participates in team and clinical directorate meetings including 	<p>MSF, ACAT, miniCEX</p>	<p>3,4</p>

<p>discussions around service development.</p> <ul style="list-style-type: none"> - Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty. - Demonstrates the ability to work with teams and agencies outside the trainee's immediate clinical workplace such as social services, police, safeguarding children services etc to promote safety - Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety - Understands the relationship between good team-working and patient safety - Able to work with and when appropriate lead the whole clinical team - Promotes patient safety to more junior colleagues - Comprehends untoward or significant events and always reports these - Leads discussions of causes of clinical incidents with staff and enables them to reflect on the causes - Able to undertake a root cause analysis. - Able to define key elements of clinical governance e.g. understands the links between organisational function and processes and the care of individuals - Engages in audit and understands the link between audit and quality and safety improvement. (Also see Objective 4.6, Audit and quality improvement) 		
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7 Specialty Specific Learning Outcomes for General Practice

The six-month placement in a GP training practice will provide opportunities to cover all the common learning outcomes from the point of view of the specialty of general practice. Trainees will also be able to cover aspects of the specialty training curriculum for general practice, much as they would during the first six months of the GP training programme.

The placement in general practice will give you an insight into how general practice, primary care and community care work, and how they relate to specialist practice, secondary care and hospital care. Trainees will have a unique opportunity to see different care teams in action, and see how the interface between hospital and general practice impacts on the patients in each of the specialties in the programme.

7.1 How to use the GP specific learning outcomes

The learning outcomes for the placement in general practice are derived from the GP specialty training curriculum, but reflect the fact that the placement is the

introductory six months. It is necessary to have some knowledge of the specialty training curriculum even for those trainees who have decided not to pursue general practice as a career. The RCGP curriculum consists of three elements:

1. The Core Curriculum Statement: Being a General Practitioner is the core statement and provides a full description of the knowledge, skills, attitudes and behaviours required of you as a GP in managing patients and their problems. It covers all aspects of general practice in general terms, including the key skills of dealing with uncertainty, managing the referral to secondary care, and the 'worried well'. It contains no clinical content outcomes.

2. The Four Contextual Statements:

- 2.1 The GP Consultation in Practice
- 2.2. Patient Safety and Quality of Care
- 2.3. The GP in the Wider Professional Environment
- 2.4. Enhancing Professional Knowledge

These explore particular aspects of general practice in greater depth. They contain learning outcomes in the 'Areas of Competence' and 'Essential Features' relevant to their topic, and demonstrate key points using case illustrations.

3. The Clinical Examples: Statements 3.01 to 3.21 - apply the competences in 'Being a General Practitioner' to organ-based conditions as in, for example, the statements on Eye Problems or Metabolic Problems, or to population groups, as in the statements on Care of Older Adults and Men's Health.

The full curriculum, including an **Introduction and User Guide**, and a **Glossary of Terms** can be accessed via the RCGP website –

http://www.rcgpcurriculum.org.uk/rcgp_curriculum_documents.aspx

The specific learning outcomes are grouped into six **areas of competence** and three **essential features of you as a doctor** and the same template is used here.

7.2 AREAS OF COMPETENCE

- 1. Primary care management** is about how you manage your contacts with patients, dealing competently with any and all problems that are presented to you.
- 2. Person-centred care** is about understanding and relating to the context of your patients as individuals and developing the ability to work in partnership.
- 3. Specific problem-solving** skills is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.
- 4. A comprehensive approach** is about how general practitioners must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.
- 5. Community orientation** is about the physical environment of the practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.
- 6. A holistic approach** is about the ability to understand and respect the values, culture, family beliefs and structure, and understand the ways in which these will affect the experience and management of illness and health.

7.3 ESSENTIAL FEATURES OF YOU AS A DOCTOR

These are personal features of you as a doctor and relate to factors which have an impact on your ability to deliver the competences in real life in your work setting:

1. Contextual features are about understanding the context of yourself as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, the community in which you live, your cultural background, and the financial and regulatory frameworks in which you have to work.

2. Attitudinal features are about your professional capabilities, values, feelings and ethics, and the impact these may have on your patient care.

3. Scientific features are about the need to adopt a critical and evidence based approach to your practice, and maintaining this through lifelong learning and a commitment to quality improvement.

The Essential Features are not specific to general practice but relate to all doctors to some extent. However in general practice these may have a greater impact because of the close relationship between you as a family doctor and the people you work with.

During your 6-month General Practice placement you will not be expected to meet the learning outcomes for the completion of GP training but you will be expected to have made progress in developing the competences. The learning outcomes for the GP six months in this programme are derived from the Core Curriculum Statement "Being A GP". You will find that the four Contextual Statements explore aspects of each Area of Competence and provide examples of the application of the Essential Features. You will need to work with your Educational Supervisor and Programme Director to decide to what extent to use these statements during this placement, and to develop an appropriate learning plan.

To help you explore and cross reference with the rest of this document, the learning objectives from the GP specialist training curriculum are numbered.

7.4 GP placement Assessments: Please see Section 19.1 for descriptions of the GP assessments as well as the indicative number of assessments for the GP placement.

7.5 SPECIFIC LEARNING OBJECTIVES FOR YOUR GP PLACEMENT

Although based on the learning outcomes in the RCGP specialty training curriculum the wording may differ slightly to reflect your relative inexperience in general practice; some are omitted as they were not felt to be relevant to this stage of your training. Items shown in blue font are also covered, at least in part, in the common themes of the Broad Based Training programme, so may be covered in any of your placements.

AREAS OF COMPETENCE

7.6 Primary care management is about your ability to:	Assessment/Common Theme Objective	
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<p>7.6.1 Manage primary contact with patients and deal with unselected problems. This means that during this placement you should</p> <p>Develop an understanding of the epidemiology of problems presenting in primary care</p> <p>Understand the approach to the management of chronic conditions</p> <p>Develop your knowledge of the common and important conditions encountered in primary care and their treatment</p>	<p>CBD, COT, LL</p> <p>CBD, COT, LL</p> <p>CBD, COT, LL</p>	
<p>7.6.2 Cover the full range of health conditions. This means that during this placement you should</p> <p>Develop your knowledge about the preventative activities you need for the practice of primary care</p> <p>Develop the skills you need in acute, chronic, preventative, palliative and emergency care</p> <p>Develop your clinical skills in history-taking, physical examination and the use of ancillary tests for diagnosis</p> <p>Develop your skills in therapeutics, including drug and non-drug approaches to treatment</p> <p>Be able to prioritise problems</p>	<p>CBD, COT, LL</p> <p>CBD, COT, LL</p> <p>CBD, COT, LL, Audit Integrated Clinical Practice 3, 2 Integrated Clinical Practice 4</p>	
<p>7.6.3 Co-ordinate care with other professionals in primary care and with other specialists. This means that during this placement you should:</p> <p>Develop your knowledge of how NHS primary care is organised.</p> <p>Understand the importance of excellent communication with patients and staff for effective teamwork.</p> <p>Be able to work as a team member and, when appropriate, team leader in providing services to patients.</p>	<p>Management 1 Integrated Clinical Practice 4 Personal behaviour 2, Management 2,3</p>	
<p>7.6.4 Master effective and appropriate provision of care and health service utilization</p> <p>This means that during this placement you should:</p> <p>Develop your knowledge of the function of primary care within the wider NHS.</p> <p>Understand the processes of referral into secondary care and other care pathways</p> <p>Manage, where appropriate, the interface between primary and secondary care, including unscheduled care and communication with other professionals</p>	<p>CBD</p> <p>COT, CBD, Audit of referral letters</p> <p>LL OOHs log</p>	

<p>7.6.5 Make available to your patients the appropriate services within the healthcare system This means that during this placement you should: Develop your communications skills for teaching and treating patients and their relatives or carers Develop your organisational skills for record-keeping, information management, teamwork, and auditing the quality of care</p>	<p>Communication 3 PSQ, MSF, COT, CBD, LL audit</p>	
<p>7.6.6 Act as an advocate for your patients This means that during this placement you should: Develop a relationship and style of communication that does not patronise but treats your patients as equals Show effective leadership, negotiation and compromise</p>	<p>Communication 3 Communication 3</p>	

<p>7.7. Person-centred care is about your ability to:</p>	<p>Assessment/Comm on Theme Objective</p>	
<p>7.7.1 Adopt a person-centred approach in dealing with your patients and their problems, in the context of their circumstances This means that during this placement you should: Develop your knowledge in understanding the individual, together with his or her aims and expectations in life Develop a frame of reference to understand and deal with the family, community, social and cultural dimensions of a person's attitudes, values and beliefs Understand patient illness and disease concepts</p>	<p>Communication 3, 4 Communication 3, 4 COT, CBD, LL, PSQ</p>	
<p>7.7.2 Use the general practice consultation to bring about an effective doctor-patient relationship, with respect for your patient's autonomy This means that during this placement you should: Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future Communicate findings in a comprehensible way, helping patients to reflect on their own concepts and finding common ground for further decision-making Make decisions that respect your patient's autonomy</p>	<p>Communication 3,4,5 Communication 3,4,5 Communication 3,4,5</p>	
<p>7.7.3 Communicate, set priorities and act in partnership This means that during this placement you should Use your skills and attitude to establish a partnership Achieve a balance between emotional distance and proximity to your</p>	<p>Communication 3,4,5</p>	

patient	CBD, LL (reflective)	
<p>7.7.4 Provide long-term continuity of care as determined by the needs of your patient, referring to continuing and co-ordinated care management</p> <p>This means that during this placement you should: Develop an understanding of the three aspects of continuity: personal continuity; episodic continuity (making the appropriate medical information available for each patient contact); and continuity of care (24 hours a day and 365 days a year) Help your patient understand and achieve an appropriate work–life balance Utilise disease registers and data-recording templates effectively for opportunistic and planned monitoring of long-term conditions, in order to ensure continuity of care between different healthcare providers</p>	<p>CBD, COT, PSQ, LL</p> <p>Communication 3 CBD, LL, Audit</p>	

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7.8. Specific problem-solving skills is about your ability to:	Assessment/Common Theme Objective	
<p>7.8.1 Relate specific decision-making processes to the prevalence and incidence of illness in the community</p> <p>This means that during this placement you should: Develop your knowledge of your practice community (age–sex distribution, prevalence of chronic diseases) Develop your skills in specific decision-making (using tools such as clinical reasoning and decision rules)</p>	<p>Integrated Clinical Practice 2 Integrated Clinical Practice 2</p>	
<p>7.8.2 Selectively gather and interpret information from history-taking, physical examination and investigations, and apply it to an appropriate management plan in collaboration with your patient</p> <p>This means that during this placement you should: Know the relevant questions in the history and items in the physical examination that are relevant to the problem presented Know your patient’s relevant context, including family, social and occupational factors Develop your knowledge of the available investigations and treatment resources Develop your history-taking and physical examination skills, and skills in interpreting data Be willing to involve your patient in the management plan</p>	<p>Integrated Clinical Practice 2 CBD, COT, LL</p> <p>Integrated Clinical Practice 2 Integrated Clinical Practice 2 Communication 3</p>	

<p>7.8.3 Adopt appropriate working principles (e.g. incremental investigation, using time as a tool) and tolerate uncertainty This means that during this placement you should: Develop skills and attitudes to demonstrate curiosity, diligence and caring</p> <p>Develop stepwise procedures in medical decision-making, using time as a diagnostic and therapeutic tool Understand and accept the inevitable uncertainty in primary care problem-solving and the need for development of strategies that demonstrate this</p>	<p>Personal behaviour 2,3 CBD, COT</p> <p>CBD, COT</p>	
<p>7.8.4 Intervene urgently when necessary This means that during this placement you should: Develop your skills in specific decision-making for emergency situations Develop your specific skills for emergency procedures that may occur in primary care situations</p>	<p>LL OOHs, CBD OOHs log CBD</p>	
<p>7.8.5 Manage conditions that may present early and in an undifferentiated way This means that during this placement you should: Develop your knowledge in when to wait and reassure, and when to initiate additional diagnostic and therapeutic action</p>	<p>CBD, COTs, MSF</p>	

<p>7.9. A comprehensive approach is about your ability to:</p>	<p>Assessment/Common Theme Objective</p>	
<p>7.9.1 Manage multiple complaints and pathologies simultaneously, for both acute and chronic health problems This means that during this placement you should: Understand the concept of co-morbidity in a patient Develop your skills to manage the concurrent health problems experienced by your patient through identification, exploration, negotiation, acceptance and prioritisation Develop your skills in using the medical records and other information Develop your skills and attitudes so that you seek and use the best evidence in practice</p>	<p>CBD, LL CBD, COT</p> <p>COT, CBD, Audit Standards of Care 5,6</p>	
<p>7.9.2 Promote health and well-being by applying health promotion and disease prevention strategies appropriately This means that during this placement you should: Understand the concept of health Develop your skills in promoting health on an individual basis as part of the consultation</p>	<p>CBD, COT, PSQ CBD, COT</p>	

<p>Develop your understanding of promotion of health through a health promotion or disease prevention programme within the primary care setting</p> <p>Develop your understanding of the role of the GP in health promotion activities in the community</p> <p>Understand and recognise the importance of ethical tensions between the needs of the individual and the community, and act appropriately</p>	<p>COT, CBD</p> <p>CBD, COT PSQ</p> <p>CBD, COT</p>	
<p>7.9.3 Manage and co-ordinate health promotion, prevention, cure, care, rehabilitation and palliation</p> <p>This means that during this placement you should:</p> <p>Be able to co-ordinate teamwork in primary care</p>	<p>Personal behaviour 1,2</p>	

<p>8.0. Community orientation is about your ability to:</p>	<p>Assessment/Common Theme Objective</p>	
<p>8.0.1 Reconcile the health needs of individual patients and the health needs of the community in which they live, balancing these with available resources</p> <p>This means that during this placement you should:</p> <p>Develop your understanding of the interrelationships between health and social care</p> <p>Understand the impact of poverty, ethnicity and local epidemiology on a local community's health</p> <p>Understand the roles of the other professionals involved in community policy relating to health</p> <p>Contribute to service management and service improvement in your local health community, as well as in your own practice</p> <p>Develop your understanding of the importance of practice- and community-based information in the quality assurance of your individual practice</p> <p>Develop your understanding of how the healthcare system can be used by the patient and the doctor (referral procedure, sick leave, legal issues, etc.) in their own context</p>	<p>Management 2</p> <p>CBD, COT, LL</p> <p>CBD, MSF, LL</p> <p>Audit LL</p> <p>CBD, MSF</p> <p>CBD, LL</p>	

<p>8.1. A holistic approach is about your ability to:</p>	<p>Assessment/Common Theme Objective</p>	
<p>8.1.1 Use bio-psycho-social models and take into account cultural and existential dimensions</p> <p>This means that during this placement you should:</p> <p>Develop your understanding of the holistic concept and its implications for your patient's care</p> <p>Develop your understanding of your patient as a bio-psycho-social 'whole'</p> <p>Develop the skills to transform holistic understanding into</p>	<p>CBD, COT, MSF, PSQ</p> <p>CBD, COT, MSF, PSQ</p> <p>CBD, COT</p>	

<p>practical measures</p> <p>Develop your understanding of the cultural background and beliefs of your patient, in so far as they are relevant to healthcare</p> <p>Show tolerance and understanding of your patient's experiences, beliefs, values and expectations, as they affect healthcare delivery</p>	<p>Communication 3,4</p> <p>Communication 3,4</p>	
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<p>9.0 Essential Features of you the Doctor</p>	<p>Assessment/Common Theme Objective</p>	
<p>EF 1 (Contextual) This essential feature is about your ability to understand how your own context as a doctor may influence the quality of your care.</p> <p>Examples of this are:</p> <p>Understanding of the impact of the local community (including socio-economic and workplace factors, geography and culture) on your patient care</p> <p>Awareness of the impact of your overall workload on the care given to individual patients and the facilities (e.g. staff, equipment) available to deliver that care</p> <p>Understanding of the financial, regulatory and legal frameworks in which you provide healthcare at practice level</p> <p>Understanding of the impact of your personal, home and working environment on the care that you provide</p>	<p>CBD, COT, LL</p> <p>MSF, LL</p> <p>Standards of care 3</p> <p>MSF, LL</p>	
<p>EF 2 (Attitudinal) This essential feature is about your understanding of the impact on patient care of your values, feelings and ethics.</p> <p>Examples of this are:</p> <p>Awareness of your own capabilities and values</p> <p>Being able to identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)</p> <p>Awareness of self: understanding that your own attitudes and feelings are important determinants of how you practise</p> <p>Valuing and encouraging the contribution of others</p> <p>Being prepared to participate in service management and improvement</p> <p>Justifying and clarifying personal ethics</p> <p>Develop awareness of the interaction of your work and your private life, and strive for a good balance between them</p>	<p>Personal behaviour</p>	
<p>EF 3 (Scientific) This essential feature is about your ability to adopt a critical and evidence-based approach to your work as a GP, and maintain this through lifelong learning and quality improvement.</p> <p>Examples of this are:</p> <p>Familiarity with the general principles, methods and concepts of scientific research and the fundamentals of statistics (incidence, prevalence, predicted value, etc.)</p>	<p>Standards of care</p> <p>Standards of care</p>	

<p>Knowing the scientific backgrounds of pathology; symptoms and diagnosis; therapy and prognosis; epidemiology; decision theory; theories about the forming of hypotheses and problem-solving; preventative healthcare</p> <p>Reading and assessing medical literature critically and put the lessons from the literature into practice</p> <p>Developing and maintaining continuing learning and quality improvement</p>	<p>Standards of care</p> <p>Standards of care</p>	
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10 Medicine Symptom Based Competencies

Within the medical part of the Broad Based Training Programme there should be exposure to the acute medical take and therefore the following clinical problems, based on the most frequent clinical presentations, should be experienced frequently. The trainee should acquire the competencies outlined and these should be assessed using the associated work place based assessments as defined by the Joint Royal Colleges Physicians Training Board. The relevant assessment forms may be found on the JRCPTB website and the curriculum may be found at the GMC website:

http://www.gmc-uk.org/2009_framework_with_major_revision_2011.pdf 43567580.pdf. The trainee is not required to have all the competencies signed off but within the six month period within medicine it is anticipated that the trainee will undertake at least 4 successful ACAT assessments associated with the acute medical take. The precise assessment system for these competences in medicine may be found at the associated website: http://www.gmc-uk.org/Blueprint_GIM_Acute_level_1_Sep_07_v.EASS_0002.pdf 30565178.pdf

Please see Section 19.2 for descriptions of the Core Medical Training assessments as well as the indicative number of assessments for the Core Medical Training placement.

Emergency Presentations -

10.1 Cardio-Respiratory Arrest The trainee will have full competence in the assessment and resuscitation of the patient who has suffered a cardio-respiratory arrest, as defined by the UK Resuscitation Council	Assessment Methods	GMP Domains
Knowledge		
Demonstrate knowledge of causes of cardio-respiratory arrest	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall the ALS algorithm for adult cardiac arrest	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline indication and safe delivery of drugs used as per ALS algorithm	ACAT, CbD, mini-CEX	1
Skills		
Rapidly assess the collapsed patient in terms of ABC (airway, breathing and circulation)	ACAT, CbD, mini-CEX	1
Perform Basic Life Support competently as defined by Resuscitation Council (UK): effective chest compressions, airway manoeuvres, bag and mask ventilation	ACAT, CbD, mini-CEX	1
Competently perform further steps in advanced life support: IV drugs; safe DC shocks when indicated; identification and	ACAT, CbD, mini-CEX	1

rectification of reversible causes of cardiac arrest) Break bad news appropriately (see generic curriculum)	PACES, ACAT, CbD, mini-CEX	3
Behaviours		
Recognise and intervene in critical illness promptly to prevent cardiac arrest such as peri-arrest arrhythmias, hypoxia	ACAT, CbD, mini-CEX	1
Maintain safety of environment for patient and health workers	ACAT, CbD, mini-CEX	2
Hold a valid ALS certificate (MANDATORY REQUIREMENT)	ACAT, CbD, mini-CEX	1
Succinctly present clinical details of situation to senior doctor	ACAT, CbD, mini-CEX	3
Consult senior and seek anaesthetic team support	ACAT, CbD, mini-CEX,	2
Recognise importance of sensitively breaking bad news to family	PACES, ACAT, CbD, mini-CEX	3

10.2 Shocked Patient The trainee will be able to identify a shocked patient, assess their clinical state, produce a list of appropriate differential diagnoses and initiate immediate management	Assessment Methods	GMP Domains
Knowledge		
Identify physiological perturbations that define shock	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Identify principle categories of shock (i.e. cardiogenic, anaphylactic)	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Elucidate main causes of shock in each category (e.g. MI, heart failure, PE, blood loss, sepsis)	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of sepsis syndromes	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Recognise significance of major physiological perturbations	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Perform immediate (physical) assessment (A,B,C)	ACAT, CbD, mini-CEX	1
Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation)	ACAT, CbD, mini-CEX	1
Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse & respiratory rate, temp, urine output)	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood cultures, blood count, electrolytes	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1

Behaviours		
Exhibit calm and methodical approach to assessing critically ill patient	ACAT, CbD, mini-CEX	3
Adopt leadership role where appropriate	ACAT, CbD, mini-CEX	2,3
Involve senior and specialist (e.g. critical care outreach) services promptly	ACAT, CbD, mini-CEX	2

10.3 Unconscious Patient The trainee will be able to promptly assess the unconscious patient to produce a differential diagnosis, establish safe monitoring, investigate appropriately and formulate an initial management plan, including recognising situations in which emergency specialist investigation or referral is required	Assessment Methods	GMP Domains
Knowledge		
Identify the principal causes of unconsciousness (metabolic, neurological)	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recognise the principal sub causes (drugs, hypoglycaemia, hypoxia; trauma, infection, vascular, epilepsy, raised intracranial pressure, reduced cerebral blood flow, endocrine)	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
List appropriate investigations for each	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline immediate management options	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Make a rapid and immediate assessment including examination of coverings of nervous system (head, neck, spine) and Glasgow Coma Score	ACAT, CbD, mini-CEX	1
Initiate appropriate immediate management (A,B,C, cervical collar, administer glucose)	ACAT, CbD, mini-CEX	1
Take simple history from witnesses when patient has stabilised	PACES, ACAT, CbD, mini-CEX	1
Prioritise, order, interpret and act on simple investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Initiate early (critical) management (e.g. control fits, manage poisoning) including requesting safe monitoring	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise need for immediate assessment and resuscitation	MRCP(UK) Part 2, ACAT, CbD,	1

Assume leadership role where appropriate	mini-CEX ACAT, CbD, mini-CEX	2,3
Involve appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)	ACAT, CbD, mini-CEX	3
Involve appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)	ACAT, CbD, mini-CEX	3

10.4 Anaphylaxis The trainee will be able to identify patients with anaphylactic shock, assess their clinical state, produce a list of appropriate differential diagnoses, initiate immediate resuscitation and management and organise further investigations	Assessment Methods	GMP Domains
Knowledge Identify physiological perturbations causing anaphylactic shock	MRCP(UK) Part 2, ACAT, CbD	1
Recognise clinical manifestations of anaphylactic shock	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD,	1
Elucidate causes of anaphylactic shock	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD,	1
Define follow-up pathways after acute resuscitation	ACAT, CbD,	1
Skills Recognise clinical consequences of acute anaphylaxis	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Perform immediate physical assessment (laryngeal oedema, bronchospasm, hypotension)	ACAT, CbD, mini-CEX	1
Institute resuscitation (adrenaline/epinephrine), oxygen, IV access, fluids)	ACAT, CbD, mini-CEX	1
Arrange monitoring of relevant indices	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations (tryptase, C1 esterase inhibitor etc.)	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Be an ALS provider	ACAT, CbD, mini-CEX	1
Behaviours Exhibit a calm and methodical approach	ACAT, CbD, mini-CEX	3
Adopt leadership role where appropriate	ACAT, CbD, mini-CEX	2

Involve senior and specialist allergy services promptly	ACAT, CbD, mini-CEX	2, 3
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11 'The Top Presentations' – Common Medical Presentations -

11.1 Abdominal Pain The trainee will be able to assess a patient presenting with abdominal pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge Outline the different classes of abdominal pain and how the history and clinical findings differ between them	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Identify the possible causes of abdominal pain, depending on site, details of history, acute or chronic	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define the situations in which urgent surgical, urological or gynaecological opinion should be sought	PACES, ACAT, CbD, mini-CEX	1
Determine which first line investigations are required, depending on the likely diagnoses following evaluation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define the indications for specialist investigation: ultrasound, CT, MRI, endoscopy	MRCP(UK) Part 2 ACAT, CbD, mini-CEX	1
Skills Elicit signs of tenderness, guarding, and rebound tenderness and interpret appropriately	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests; x-rays; ECG; microbiology investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Initiate first line management: the diligent use of suitable analgesia; 'nil by mouth'; IV fluids; resuscitation	ACAT, CbD, mini-CEX	1
Interpret gross pathology on CT abdo scans, including liver metastases and obstructed ureters with hydronephrosis	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Behaviours Exhibit timely intervention when abdominal pain is the manifestation of critical illness or is life-threatening, in conjunction with senior and appropriate specialists	ACAT, CbD, mini-CEX	1
Recognise the importance of a multi-disciplinary approach including early surgical assessment when appropriate	PACES, ACAT, CbD, mini-CEX	2, 3
Display sympathy to physical and mental responses to pain	PACES, ACAT, CbD, mini-CEX	3, 4
Involve other specialties promptly when required	PACES, ACAT,	2, 3

	CbD, mini-CEX	
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11.2 Acute Back Pain The trainee will be able to assess a patient with a new presentation of back pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the causes of acute back pain	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Specify abdominal pathology that may present with back pain	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the features that raise concerns as to a sinister cause ('the red flags') and lead to consideration of a chronic cause ('the yellow flags')	MRCP(UK) Part 1, MRCP(UK) Part 2 PACES ACAT, CbD, mini-CEX	1
Recall the indications of an urgent MRI of spine	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Outline indications for hospital admission	PACES, ACAT, CbD, mini-CEX	1
Outline secondary prevention measures in osteoporosis	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Perform examination and elicit signs of spinal cord / cauda equina compromise	ACAT, CbD, mini-CEX	1
Practise safe prescribing of analgesics / anxiolytics to provide symptomatic relief	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests and x-rays	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, CbD, mini-CEX	1
Behaviours		
Involve neurosurgical unit promptly in event of neurological symptoms or signs	PACES, ACAT,CbD, mini-CEX	2
Ask for senior help when critical abdominal pathology is suspected	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise the socio-economic impact of chronic lower back pain	PACES, ACAT, CbD, mini-CEX	2, 3
Participate in multi-disciplinary approach: physio, OT	PACES, ACAT, CbD, mini-CEX	3, 4
Recognise impact of osteoporosis and encourage bone protection in all patients at risk	PACES, ACAT, CbD, mini-CEX	1

results' are to be expected	ACAT, CbD, mini-CEX	
Behaviours		
Recognise the need for specialist renal input when appropriate	PACES, ACAT, CbD, mini-CEX	3
Recognise that patients on long term RRT may have valuable insight into the nature of their symptoms	PACES, ACAT, CbD, mini-CEX	3

11.4 Blackout / Collapse The trainee will be able to assess a patient presenting with a collapse to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Syncope' and 'Falls')	Assessment Methods	GMP Domains
Knowledge		
Recall the causes for blackout and collapse	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate the causes depending on the situation of blackout +/- or collapse, associated symptoms and signs, and eye witness reports	MRCP(UK) Part 1, MRCP(UK) Part 2 PACES, ACAT, CbD, mini-CEX	1
Outline the indications for temporary and permanent pacing systems	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define indications for investigations: ECHO, ambulatory ECG monitoring, neuroimaging	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye witness account if possible)	PACES, ACAT, CbD, mini-CEX	1
Assess patient in terms of ABC and degree of consciousness and manage appropriately	PACES, ACAT, CbD, mini-CEX	1
Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. Glucose	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Manage arrhythmias appropriately as per ALS guidelines	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Detect orthostatic hypotension	PACES, ACAT, CbD, mini-CEX	1

Institute external pacing systems when appropriate	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise impact episodes can have on lifestyle particularly in the elderly	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts	MRCP(UK) Part 2 PACES, ACAT, CbD, mini-CEX	2, 3

11.5 Breathlessness The trainee will be able to assess a patient presenting with breathlessness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the common and/or important cardio-respiratory conditions that present with breathlessness	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate orthopnoea and paroxysmal nocturnal dyspnoea	PACES, ACAT, CbD, mini-CEX	1
Identify non cardio-respiratory factors that can contribute to or present with breathlessness e.g. acidosis	MRCP(UK) Part 1, MRCP(UK) Part 2 PACES, ACAT, CbD, mini-CEX	1
Define basic pathophysiology of breathlessness	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
List the causes of wheeze and stridor	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Outline indications for CT chest, CT pulmonary angiography, spirometry	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Interpret history and clinical signs to list appropriate differential diagnoses:	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate between stridor and wheeze	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: routine blood tests, oxygen saturation, arterial blood gases, chest x-rays, ECG, Peak flow test, spirometry	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES,	1

Initiate treatment in relation to diagnosis, including safe oxygen therapy, early antibiotics for pneumonia	ACAT, CbD, mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform chest aspiration and chest drain insertion	ACAT, CbD, DOPS, mini-CEX	1
Recognise disproportionate dyspnoea and hyperventilation	PACES, ACAT, CbD, mini-CEX	1
Practice appropriate management of wheeze and stridor	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Evaluate and advise on good inhaler technique	PACES, ACAT, CbD, mini-CEX	1
Recognise indications for ventilatory support, including intubation and non-invasive ventilation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Exhibit timely assessment and treatment in the acute phase	ACAT, CbD, mini-CEX	1
Recognise the distress caused by breathlessness and discuss with patient and relatives or carers	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise the impact of long term illness	PACES, ACAT, CbD, mini-CEX	2
Consult senior when respiratory distress is evident	PACES, ACAT, CbD, mini-CEX	2, 3
Involve Critical Care team promptly when indicated	ACAT, CbD, mini-CEX	2
Exhibit non-judgemental attitudes to patients with a smoking history	PACES, ACAT, CbD, mini-CEX	3, 4

11.6 Chest Pain The trainee will be able to assess a patient with chest pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge Characterise the different types of chest pain, and outline other symptoms that may be present	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
List and distinguish between the common causes for each category of chest pain and associated features: cardiorespiratory, , musculoskeletal, upper GI	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD,	1

Define the pathophysiology of acute coronary syndrome and pulmonary embolus	mini-CEX MRCP(UK) Part 1, ACAT, CbD,	1
Identify the indications for PCI and thrombolysis in ACS	mini-CEX MRCP(UK) Part 2, PACES, ACAT, CbD,	1
Identify the indications and limitations of cardiac biomarkers and dimer analysis	mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD,	1
Outline emergency and longer term treatments for PE	mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD,	1
Outline the indications for further investigation in chest pain syndromes: CT angiography and tread mill	mini-CEX MRCP(UK) Part 1, PACES, ACAT, CbD,	1
Skills		
Interpret history and clinical signs to list appropriate differential diagnoses: esp. for cardiac pain & pleuritic pain	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD,	1
Order, interpret and act on initial investigations in the context of chest pain appropriately: such as ECG, blood gas analysis, blood tests, chest radiograph, cardiac biomarkers	mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD,	1
Commence initial emergency treatment including coronary syndromes, pulmonary embolus and aortic dissection	mini-CEX MRCP(UK) Part 2, PACES, ACAT, CbD,	1
Elect appropriate arena of care and degree of monitoring	mini-CEX ACAT, CbD,	2
Formulate initial discharge plan	mini-CEX PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Perform timely assessment and treatment of patients presenting with chest pain	ACAT, CbD, mini-CEX	1
Involve senior when chest pain heralds critical illness or when cause of chest pain is unclear	PACES, ACAT, CbD, mini-CEX	3
Recognise the contribution and expertise of specialist cardiology nurses and technicians	PACES, ACAT, CbD, mini-CEX	3
Recommend appropriate secondary prevention treatments and lifestyle changes on discharge	MRCP(UK) Part 2, PACES, ACAT, CbD,	2, 3

Communicate in a timely and thoughtful way with patients and relatives	mini-CEX PACES, ACAT, CbD, mini-CEX	3
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11.7 Confusion, Acute / Delirium The trainee will be able to assess an acutely confused / delirious patient to formulate a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge List the common and serious causes for acute confusion / delirium	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid function tests	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise the factors that can exacerbate acute confusion / delirium e.g. change in environment, infection,	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
List the pre-existing factors such as dementia that pre-dispose to acute confusion / delirium	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Outline indications for further investigation including head CT, lumbar puncture	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills Examine to elicit cause of acute confusion / delirium	ACAT, CbD, mini-CEX	1
Perform mental state examinations (abbreviated mental test and mini-mental test) to assess severity and progress of cognitive impairment	ACAT, CbD, mini-CEX	1
Recognise pre-disposing factors: dementia, psychiatric disease	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Understand and act on the results of initial investigations e.g. CT head, LP	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Interpret and recognise gross abnormalities of CT head/MRI Brain e.g. Mid line shift and intracerebral haematoma	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Behaviours Recognise that the cause of acute confusion / delirium is often multi-factorial	PACES, ACAT, CbD, mini-CEX	2, 3
Contribute to multi-disciplinary team management	ACAT, CbD,	3, 4

Recognise effects of acutely confused / delirious patient on other patients and staff in the ward environment	mini-CEX ACAT, CbD, mini-CEX	2, 3
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11.8 Cough The trainee will be able to assess a patient presenting with cough to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge List the common and serious causes of cough (top examples refer to system specific lists)	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Identify risk factors relevant to each aetiology including precipitating drugs	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the different classes of cough and how the history and clinical findings differ between them	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
State which first line investigations are required, depending on the likely diagnoses following evaluation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Skills Order, interpret and act on initial investigations appropriately: blood tests, chest x-rays and PFT	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Awareness of management for common causes of cough	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours Contribute to patients understanding of their illness	ACAT, CbD, mini-CEX	3, 4
Exhibit non-judgmental attitudes to patients with a history of smoking	ACAT, CbD, mini-CEX	3, 4
Consult seniors promptly when indicated	ACAT, CbD, mini-CEX	2, 3
Recognise the importance of a multi-disciplinary approach	ACAT, CbD, mini-CEX	2

11.9 Diarrhoea The trainee will be able to assess a patient	Assessment	GMP
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	Methods	Domains
presenting with diarrhoea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge		
Specify the causes of diarrhoea	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Correlate presentation with other symptoms: such as abdominal pain, rectal bleeding, weight loss	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the pathophysiology of diarrhoea for each aetiology	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Describe the investigations necessary to arrive at a diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Identify the indications for urgent surgical review in patients presenting with diarrhoea	PACES, ACAT, CbD, mini-CEX	1
Recall the presentation, investigations, prevention and treatment of C. difficile, diarrhoea	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of infection control procedures	PACES, ACAT, CbD, mini-CEX	1
Skills		
Evaluate nutritional and hydration status of the patient	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Assess whether patient requires hospital admission	PACES, ACAT, CbD, mini-CEX	1
Perform rectal examination as part of physical examination	ACAT, CbD, mini-CEX	1
Initiate and interpret investigations: blood tests, stool examination, endoscopy and radiology as appropriate (AXR – intestinal obstruction, toxic dilatation)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Seek a surgical and senior opinion when required	ACAT, CbD, mini-CEX	3
Exhibit sympathy and empathy when considering the distress associated with diarrhoea and incontinence	PACES, ACAT, CbD, mini-CEX	3, 4

11.10 The Dying patient and Palliative and End of Life Care The trainee should be able to work and liaise with a multi-disciplinary team in the management of patients requiring palliative and end of life care; to be able to recognise the dying phase of a terminal illness, assess and care for a patient who is dying and be able to prepare the patient and family; to be able to devise an appropriate management plan and facilitate advance care planning	Assessment Methods	GMP Domains
Knowledge Describe different disease trajectories and prognostic indicators and the signs that a patient is dying Know that specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer Describe the pharmacology of major drug classes used in palliative care, including opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics, and antiemetics. Describe common side effects of drugs commonly used Describe the analgesic ladder, role of radiotherapy, surgery and other non-pharmacological treatments Describe advance care planning Knowledge of a spectrum of professional and complementary therapies available, e.g. palliative medicine, hospice and other community services, nutritional support, pain relief, psychology of dying. Know about End of Life Integrated Care Pathway documentation e.g. Liverpool ICP for the last days of life Know about the use of syringe drivers Outline spiritual care services & when to refer Describe the role of the coroner and when to refer to them Skills Recognising when a patient may be in the last days / weeks of life Be able to assess the patient's physical, and social needs Is able to take an accurate pain history, recognising that patients may have multiple pains and causes of pain Is able to prescribe opioids correctly and safely using appropriate routes of administration Able to assess response to analgesia and recognise medication side effects or toxicity	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX ACAT, CbD, mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX CbD, mini-CEX CbD, mini-CEX, PACES ACAT, CbD, mini-CEX ACAT, CbD, mini-CEX CbD, mini-CEX ACAT, CbD, mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX ACAT, CbD, mini-CEX ACAT, CbD, mini-CEX ACAT, CbD, mini-CEX ACAT, CbD, mini-CEX	1 1,3 1 1 1,2 1 1 1 1 1 1 1 1, 2 1, 2

Is able to assess and manage other symptom control problems including nausea and vomiting, constipation, breathlessness, excess respiratory tract secretions, agitation, anxiety and depression	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise that the terminally ill often present with problems with multi-factorial causes some of which may be reversible	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Communicate honestly and sensitively with the patient (and family), about the benefits and disadvantages of treatment and appropriate management plan, allowing the patient to guide the conversation. Able to elicit understanding and concerns.	ACAT, CbD, mini-CEX	1,3,4
Is able to document discussion clearly, and communicates relevant parts to other involved carers appropriately.	CbD, mini-CEX	1,3
Practice safe use of syringe drivers	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1,2
Complete death certificates and cremation forms	ACAT, CbD, mini-CEX	1
Behaviours		
Co-ordinates care within teams, between teams and between care settings	ACAT, CbD, mini-CEX	1,3
Active management and on-going assessment of symptoms	ACAT, CbD, mini-CEX	1
Refers to and liaises with specialist palliative care services when recognises that care is complex	ACAT, CbD, mini-CEX	1,2,3

11.11 Falls The trainee will be able to assess a patient presenting with a fall and produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Syncope' and 'Blackout/Collapse')	Assessment Methods	GMP Domains
Knowledge		
Recall causes of falls and risk factors for falls	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Knowledge of what's involved in the assessment of a patient with a fall and give a differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the relationship between falls risk and fractures	PACES, ACAT, CbD, mini-CEX	1
Recall consequences of falls, such as loss of confidence, infection	PACES, ACAT, CbD, mini-CEX	1

State how to distinguish between syncope and fall	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Identify awareness of implications of falls and secondary complications of falls	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Commence appropriate treatment including pain relief	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours Recognise the psychological impact to an older person and their carer after a fall	PACES, ACAT, CbD, mini-CEX	2, 3
Contribute to the patients understanding as to the reason for their fall	PACES, ACAT, CbD, mini-CEX	2, 3
Discuss with seniors promptly and appropriately	PACES, ACAT, CbD, mini-CEX	2, 3
Relate the possible reasons for the fall and the management plan to patient and relatives or carers	PACES, ACAT, CbD, mini-CEX	3, 4

11.12 Fever The trainee will be able to assess a patient presenting with fever to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge Recall the pathophysiology of developing a fever and relevant use of anti-pyretics	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recall the underlying causes of fever: infection, malignancy, inflammation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall guidelines with regard to antibiotic prophylaxis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate features of viral and bacterial infection	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1

Outline indications and contraindications for LP in context of fever	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognition and awareness of management of neutropenic sepsis	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Recognise the presence of septic shock in a patient, commence resuscitation and liaise with senior colleagues promptly	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, cultures, CXR	ACAT, CbD, mini-CEX	1
Perform a Lumbar puncture and interpret, ensure appropriate investigation of and act on results.	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, DOPS, mini-CEX	1
Arrange appropriate investigation of CSF and interpret results	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Identify the risk factors in the history that may indicate an infectious disease e.g. travel, sexual history, IV drug use, animal contact, drug therapy	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Commence empirical antibiotics when an infective source of fever is deemed likely in accordance with local prescribing policy	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Commence anti-pyretics as indicated	ACAT, CbD, mini-CEX	1
Behaviours		
Adhere to local antibiotic prescribing policies	ACAT, CbD, mini-CEX	2
Highlight importance of nosocomial infection and principles for infection control	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	2
Consult senior in event of septic syndrome	ACAT, CbD, mini-CEX	2, 3
Discuss with senior colleagues and follow local guidelines in the management of the immunosuppressed e.g. HIV, neutropenia	PACES, ACAT, CbD, mini-CEX	2, 3
Promote communicable disease prevention: e.g. immunisations, antimalarials, safe sexual practices	PACES, ACAT, CbD, mini-CEX	3, 4

11.13 Fits / Seizure The trainee will be able to assess a patient presenting with a fit, stabilise promptly, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the causes for seizure	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the common epileptic syndromes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the essential initial investigations following a 'first fit'	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the indications for a CT head	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, CbD, mini-CEX	1
Describe the indications, contraindications and side effects of the commonly used anti-convulsants	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate seizure from other causes of collapse	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Recognise and commence initial management of a patient presenting with status epilepticus	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Obtain collateral history from witness	PACES, ACAT, CbD, mini-CEX	3
Promptly recognise and treat precipitating causes: metabolic, infective, malignancy	ACAT, CbD, mini-CEX	4
Differentiate seizure from other causes of collapse using history and examination	MRCP(UK) Part 1, MRCP(UK)	1

	Part 2, PACES, ACAT, CbD, mini-CEX	
Behaviours		
Recognise need for urgent referral in case of uncontrolled recurrent loss of consciousness or seizures	ACAT, CbD, mini-CEX	1
Recognise the principles of safe discharge, after discussion with senior colleague	ACAT, CbD, mini-CEX	1, 2, 3
Recognise importance of Epilepsy Nurse Specialist	ACAT, CbD, mini-CEX	1
Recognise the psychological and social consequences of epilepsy	ACAT, CbD, mini-CEX	1

11.14 Haematemesis & Melaena The trainee will be able to assess a patient with an upper GI haemorrhage to determine significance; resuscitate appropriately; and liaise with endoscopist effectively	Assessment Methods	GMP Domains
Knowledge		
Specify the causes of upper GI bleeding, with associated risk factors including coagulopathy and use of NSAIDs/Aspirin /anticoagulants	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall scoring systems used to assess the significance and prognosis of an upper GI bleed	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the principles of choice of IV access including central line insertion, fluid choice and speed of fluid administration	PACES, ACAT, CbD, DOPS, mini-CEX	1
Recall common important measures to be carried out after endoscopy, including helicobacter eradication, acid suppression	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Recognise shock or impending shock and resuscitate rapidly and assess need for higher level of care Distinguish upper and lower GI bleeding	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Distinguish upper and lower GI bleeding	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate ability to site large bore IV access	ACAT, CbD, DOPS, mini-CEX	1
Safely prescribe drugs indicated in event of an established upper GI bleed using the current evidence base	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT,	2

Behaviours Seek senior help and endoscopy or surgical input in event of significant GI bleed Observe safe practices in the prescription of blood products	CbD, mini-CEX	
	PACES, ACAT, CbD, mini-CEX	3
	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2

11.15 Headache The trainee will be able to assess a patient presenting with headache to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge Recall the common and life-threatening causes of acute new headache, and how the nature of the presentation classically varies between them	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Understand the pathophysiology of headache	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications for urgent CT/MRI scanning in the context of headache	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall clinical features of raised intra-cranial pressure	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of different treatments for suspected migraine	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills Recognise important diagnostic features in history	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform a comprehensive neurological examination, including eliciting signs of papilloedema, temporal arteritis, meningism and head trauma	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations	MRCP(UK) Part	2

Perform a successful lumbar puncture when indicated with minimal discomfort to patient observing full aseptic technique	1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Interpret basic CSF analysis: cell count, protein, bilirubin, gram stain and glucose	ACAT, CbD, DOPS, mini-CEX	
Initiate prompt treatment when indicated: appropriate analgesia; antibiotics; antivirals; corticosteroids	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
Behaviours		
Recognise the nature of headaches that may have a sinister cause and assess and treat urgently	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Liaise with senior doctor promptly when sinister cause is suspected	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	3

11.16 Jaundice The trainee will be able to assess a patient presenting with jaundice to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the pathophysiology of jaundice in terms of pre-hepatic, hepatic, and post-hepatic causes.	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall causes for each category of jaundice with associated risk factors	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall issues of prescribing in patients with significant liver disease	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall basic investigations to establish aetiology (See SCC)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of common treatments of jaundice	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES	1

	ACAT, CbD, mini-CEX	
Skills		
Take a thorough history and examination to arrive at a valid differential diagnosis	PACES, ACAT, CbD, mini-CEX	1
Recognise the presence of chronic liver disease or fulminant liver failure	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Interpret results of basic investigations to establish aetiology; recognise complications of jaundice	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise complications of jaundice	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	
Recognise and initially manage complicating factors: coagulopathy, sepsis, GI bleed, alcohol withdrawal, electrolyte disturbance	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Exhibit non-judgmental attitudes to patients with a history of alcoholism or substance abuse	PACES, ACAT, CbD, mini-CEX	4
Consult seniors and gastroenterologists promptly when indicated	PACES, ACAT, CbD, mini-CEX	3
Contribute to the patient's understanding of their illness	PACES, ACAT, CbD, mini-CEX	4
Recognise the importance of a multi-disciplinary approach	PACES, ACAT, CbD, mini-CEX	3

11.17 Limb Pain & Swelling The trainee will be able to assess a patient presenting with limb pain or swelling to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the causes of unilateral and bilateral limb swelling in terms of acute and chronic presentation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the different causes of limb pain and the pathophysiology of pitting oedema, non-pitting oedema and thrombosis	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the risk factors for the development of thrombosis and recognised risk scoring systems	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications, contraindications and side effects of	MRCP(UK) Part	1

diuretics and anti-coagulants	1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	
Demonstrate awareness of the longer term management of DVT	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate the features of limb pain and/or swelling pain due to cellulitis, varicose eczema and DVT	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Perform a full and relevant examination including assessment of viability and perfusion of limb and differentiate pitting oedema; cellulitis; venous thrombosis; compartment syndrome	PACES, ACAT, CbD, mini-CEX	1
Recognise compartment syndrome and critical ischaemia and take appropriate timely action	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: blood tests, doppler studies, urine protein	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Practise safe prescribing of initial treatment as appropriate (anti-coagulation therapy, antibiotics etc)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Prescribe appropriate analgesia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Behaviours		
Liaise promptly with surgical colleagues in event of circulatory compromise (e.g. compartment syndrome)	ACAT, CbD, mini-CEX	3
Recognise importance of thrombo-prophylaxis in high risk groups	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2

11.18 Palpitations The trainee will be able to assess a patient presenting with palpitations to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge Recall cardiac electrophysiology relevant to ECG interpretation	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1

Recall common causes of palpitations	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the categories of arrhythmia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall common arrhythmogenic factors including drugs	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications, contraindications and side effects of the commonly used anti-arrhythmic medications	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of the management of Atrial Fibrillation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate nature of patient's complaint	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise and commence initial treatment of arrhythmias being poorly tolerated by patient (peri-arrest arrhythmias)	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Ensure appropriate monitoring of patient on ward	ACAT, CbD, mini-CEX	2
Management of newly presented non compromised patients with arrhythmias	ACAT, CbD, mini-CEX	1
Behaviours		
Consult senior colleagues promptly when required	PACES, ACAT, CbD, mini-CEX	3
Advise on lifestyle measures to prevent palpitations when appropriate	ACAT, CbD, mini-CEX	3

11.19 Poisoning The trainee will be able to assess promptly a patient presenting with deliberate or accidental poisoning, initiate urgent treatment, ensure appropriate monitoring and recognise the importance of psychiatric assessment in	Assessment Methods	GMP Domains
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episodes of self harm		
Knowledge		
Recall indications for activated charcoal and whole bowel irrigation	MRCP, CbD, mini-CEX, ACAT	1
Know the important symptoms, signs and tests to establish the type of poisoning i.e. to be able to recognize the common toxidromes	MRCP, CbD, mini-CEX, ACAT	1
Know the presentations of carbon monoxide poisoning		
Know the pharmacology and management of poisoning of the following (but not limited to): paracetamol, salicylate, beta blockers, opiates, alcohol, anti-coagulants, benzodiazepines, carbon monoxide, antidepressants, SSRIs, amphetamine, cocaine	MRCP, CbD, mini-CEX, ACAT	1
Understand the role of antidotes and demonstrates knowledge of specific therapies in poisoning including but not limited to: <ul style="list-style-type: none"> ▪ activated charcoal, ▪ acetyl-cysteine, ▪ bicarbonate hyperbaric oxygen	MRCP, CbD, mini-CEX, ACAT	1
Demonstrates understanding of the role of drug testing/screening and of drug levels	MRCP, CbD, mini-CEX, ACAT	1
Recognise importance of accessing TOXBASE and National Poisons Information Service and the use of the information so obtained	MRCP, CbD, mini-CEX, ACAT	1
Understand the psychological and physiological and socioeconomic effect of alcohol misuse and illicit drug use – opioids, amphetamines, ecstasy, cocaine, GHB.	MRCP, CbD, mini-CEX, ACAT	1
Understand addiction, dependence and withdrawal syndromes		
Skills		
Recognise critically ill overdose patient and resuscitate as appropriate	Mini-CEX, CbD	1
Take a full history of event, including a collateral history if possible	Mini-CEX, CbD	1
Examine to determine the nature and effects of poisoning	Mini-CEX, CbD	1
Demonstrate the ability to actively manage the acutely poisoned patient, including but not limited to: <ul style="list-style-type: none"> ▪ Accessing information required (e.g. Toxbase) ▪ Use of specific antidotes and antitoxins ▪ Use of 'generic' control measures such as activated charcoal and alkalinisation of urine Use of renal replacement methods	Mini-CEX, CbD	2
Order, interpret and act on initial investigations appropriately: biochemistry, arterial blood gas, glucose, ECG, and drug concentrations	MRCP, Mini-CEX, CbD	1
Ensure appropriate monitoring in acute period of care (Toxbase)	Mini-CEX, CbD	1

Perform mental state examination	MRCP, DOPS	1
Practice safe prescribing of sedatives for withdrawal symptoms.	Mini-CEX, CbD,	1
Ensures correction of malnutrition including vitamin and mineral supplementation	AA	
Behaviour		
Contact senior promptly in event of critical illness or patient refusing treatment	ACAT, CbD	3
Recognise the details of poisoning event given by patient may be inaccurate	ACAT, CbD	2
Show compassion and patience in the assessment and management of those who have self-harmed	ACAT, CbD, Mini-CEX	4

11.20 Rash The trainee will be able assess a patient presenting with an acute-onset skin rash and common skin problems to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the characteristic lesions found in the acute presentation of common skin diseases	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall basic investigations to establish aetiology	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall risk factors, particularly drugs, infectious agents and allergens	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall possible medical treatments	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Take a thorough focussed history & conduct a detailed examination, including the nails, scalp and mucosae to arrive at appropriate differential diagnoses	PACES, ACAT, CbD, mini-CEX	1
Recognise the importance of a detailed drug history	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise that anaphylaxis may be a cause of an acute skin rash	MRCP(UK) Part 2, ACAT, CbD,	1

Order, interpret and act on initial investigations appropriately to establish aetiology	mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Implement acute medical care when indicated by patient presentation / initial investigations	ACAT, CbD, mini-CEX	1
Behaviours		
Demonstrate sympathy and understanding of patients' concerns due to the cosmetic impact of skin disease	PACES, ACAT, CbD, mini-CEX	4
Engage the patient in the management of their condition particularly with regard to topical treatments	PACES, ACAT, CbD, mini-CEX	3, 4
Reassure the patient about the long term prognosis and lack of transmissibility of most skin diseases	PACES, ACAT, CbD, mini-CEX	3

11.21 Suicidal ideation The trainee will be able to evaluate the patient who presents with suicidal ideation, assess risk and formulate appropriate management plan.	Assessment Methods	GMP Domains
Knowledge		
Outline the risk factors for a suicidal attempt. Know the national guidelines for self harm	MRCP, CbD, mini-CEX, ACAT	1
Outline the common co existing psychiatric pathologies that may precipitate suicidal ideation.	MRCP, CbD, mini-CEX, ACAT	1
Outline the indications, contraindications and side effects of the major groups of psychomotor medications.	MRCP, CbD, mini-CEX, ACAT	1
Outline the powers that enable assessment and treatment of patients following self harm or suicidal ideation as defined in the Mental Health act	MRCP, CbD, mini-CEX, ACAT	1
Skills		
Take a competent psychiatric history and be familiar with scoring tools used to assess risk of further harm (e.g. Becks score, SAD persons)	MRCP, CbD, mini-CEX,	1
Elicit symptoms of major psychiatric disturbance	MRCP, mini-CEX, CbD	1
Obtain collateral history when possible.	Min-CEX, CbD	1
Recognise and manage anxiety and aggression appropriately	Mini-CEX, CbD	1
Behaviour		
Liaise promptly with psychiatric services if in doubt or high risk of repeat self harm is suspected	ACAT, CbD	2
Recognise the role of the Self harm team and continued community care.	ACAT, CbD	2
Show compassion and patience in the assessment and management of those who have suicidal intent	ACAT, CbD, mini-CEX	4

11.22 Vomiting and Nausea The trainee will be able to assess a patient with vomiting and nausea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	Assessment Methods	GMP Domains
Knowledge		
Recall the causes and pathophysiology of nausea and vomiting	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recall the use and adverse effects of commonly used anti-emetics and differentiate the indications for each	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall alarm features that make a diagnosis of upper Gastro Intestinal malignancy possible	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Elicit signs of dehydration and take steps to rectify	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise and treat suspected GI obstruction appropriately: nil by mouth, NG tube, IV fluids	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Practise safe prescribing of anti-emetics	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: blood tests, x-rays	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Behaviours		
Involve surgical team promptly in event of GI obstruction	ACAT, CbD, mini-CEX	3
Respect the impact of nausea and vomiting in the terminally ill and involve palliative care services appropriately	PACES, ACAT, CbD, mini-CEX	4

11.23 Weakness and Paralysis The trainee will be able to assess a patient presenting with motor weakness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Speech Disturbance' and 'Abnormal Sensation (Paraesthesia and Numbness)')	Assessment Methods	GMP Domains
Knowledge		

Broadly outline the physiology and neuroanatomy of the components of the motor system	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the myotomal distribution of nerve roots, peripheral nerves, and tendon reflexes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the clinical features of upper and lower motor neurone, neuromuscular junction and muscle lesions	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the common and important causes for lesions at the sites listed above	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the Bamford classification of stroke, and its role in prognosis	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of investigations for acute presentation, including indications for urgent head CT	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate speed of onset and risk factors for neurological dysfunction	PACES, ACAT, CbD, mini-CEX	1
Perform full examination to elicit signs of systemic disease and neurological dysfunction and identify associated deficits	PACES, ACAT, CbD, mini-CEX	1
Describe likely site of lesion in motor system and produce differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations for motor weakness appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise when swallowing may be unsafe and manage appropriately	ACAT, CbD, mini-CEX	1
Detect spinal cord compromise and investigate promptly	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform tests on respiratory function and inform senior	ACAT, ACAT,	1

appropriate	CbD, mini-CEX	
Ensure appropriate care: thrombo-prophylaxis, pressure areas,	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Behaviours		
Recognise importance of timely assessment and treatment of patients presenting with acute motor weakness	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Consult senior and acute stroke service, if available, as appropriate	PACES, ACAT, CbD, mini-CEX	3
Recognise patient and carer distress when presenting with acute motor weakness	PACES, ACAT, CbD, mini-CEX	2
Consult senior when rapid progressive motor weakness or impaired consciousness is present	PACES, ACAT, CbD, mini-CEX	3
Involve speech and language therapists appropriately	PACES, ACAT, CbD, mini-CEX	3
Contribute to multi-disciplinary approach	PACES, ACAT, CbD, mini-CEX	3, 4

Paediatrics

Please see Section 19.3 for descriptions of the Paediatric assessments as well as the indicative number of assessments for the Paediatric placement.

An understanding of the roles and responsibilities of paediatricians	Assessment	GMP Domain
Beginning to understand the duties and responsibilities of a paediatrician in the safeguarding of babies, children and young people	MSF	1
Beginning to understand the duties and responsibilities of a paediatrician to support and enable parents and carers to be effective in caring for their children	MSF	1
Understand the limitations of their competence at this stage of their training and know where and when to ask for help, support or supervision - particularly in relation to safe recognition and management of seriously ill children and young people	MSF	1
Beginning to understand their role in the management of chronic illness in children and young people	MSF	1
Beginning to understand and follow the principle that all decisions are to be made in the best interests of the child or young person in their care	MSF	1
Beginning to develop an understanding of the concept of advocacy for a healthy lifestyle in children and young people and for the protection of their rights	MSF	1
Understand the responsibility of paediatricians to consider all aspects of a child's well-being including biological, psychological and social factors	MSF	1

Communication, partnership and teamwork	Assessment	GMP Domain
Basic neonatal and paediatric life support skills <ul style="list-style-type: none"> - Be able to carry out resuscitation using bag, mask ventilation and cardiac compressions 	APLS or equivalent, MSF, DOPS, CbD	2
Beginning to develop effective skills in three-way consultation and examination <ul style="list-style-type: none"> - Begin to understand the need to anticipate and respond sensitively to children and young people who are suggesting unease or unwillingness about a physical examination and begin to develop appropriate strategies to reassure - Be able to take a history accurately and sensitively that routinely includes biological, psychological, 	CbD, MRCPCH, miniCEX	2

<p>educational and social factors in the child and family</p> <ul style="list-style-type: none"> - Begin to appreciate the need for different skills to manage consultations effectively with babies, young children, adolescents and their families - Be able to develop skills to be able to examine children and young people accurately and sensitively in appropriate settings - Be introduced to the challenges of conducting a consultation in such a way that a child or young person and their family may feel able to talk about difficult or emotional issues - Begin to involve skills to involve both the child and parents or carers when both are present in consultations 		
<p>Beginning to develop effective skills in paediatric assessment</p> <ul style="list-style-type: none"> - Begin to recognise case histories which suggest serious or unusual pathology or safeguarding issues in children - Recognise the diseases and host characteristics which make certain presentations life-threatening in children and know when to ask for help - Recognise presentations of common disorders in children 	MRCPCH, MSF, CbD, MiniCeX	2
<p>Beginning to develop skills in formulating an appropriate differential diagnosis in paediatrics</p> <ul style="list-style-type: none"> - Be able to formulate a differential diagnosis 	MRCPCH, MSF, CbD, MiniCeX	2
<p>Beginning to develop effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate</p> <ul style="list-style-type: none"> - Understand the importance of effective strategies for the management of pain - Begin to make common decisions in the care of patients 	MRCPCH, MSF, CbD, MiniCeX	2
<p>Beginning to develop knowledge, understanding and recognition of common, behavioural, emotional and psychosocial aspects of illness in children and families</p> <ul style="list-style-type: none"> - Know about normal emotional and behavioural development and how it may affect the child and family at different stages - Begin to be able to look at behaviour as a form of communication and to take this into account when interviewing, examining and assessing children - Begin to develop an approach to the assessment of behaviour problems that uses observation as well as history-taking - Know about the multi-disciplinary nature of the Child and Adolescent Mental Health Services - Begin to know about the initial assessment and management of common causes of admission to 	MRCPCH, MSF, CbD,	2

hospital due to psychological distress such as self-harm, somatic symptoms of distress		
<p>Beginning to develop safe practical skills in paediatrics</p> <ul style="list-style-type: none"> - To recognise the importance of universal precautions as well as the discarding of sharps within the department - Know the contraindications and complications of procedures - Know the local guidelines for providing sedation and pain relief for practical procedures - Know the relevant markers for invasive procedures - Know and practise aseptic techniques - Know the appropriate indications, local and national guidelines for undertaking investigations or procedures - Be able to use all equipment required to undertake common procedures and investigations - Perform independently or under supervision where appropriate the range of diagnostic and therapeutic procedures expected at this stage of training - Be aware of safety issues for patients and staff in relation to investigations of bodily fluids and radiation - Be aware of the factors that are likely to influence the anxiety of the child and how to enlist the help of play leaders - Know the local and national guidelines for obtaining informed consent - Understand and follow the local guidelines for the prevention and management of needle stick injuries - 	MSF, DOPs, Portfolio	
<p>Trainees will be able to perform independently (* may need supervision): Level 1 (ST1-3)</p> <ul style="list-style-type: none"> - Electrocardiogram - Non invasive blood pressure measurement - Venesection, cannulation, and capillary blood sampling - Bag, valve and mask ventilation - External chest compression - Administer intradermal, subcutaneous, intramuscular and intravenous injections* - Insertion of intraosseous needle* 	MSF, DOPs, Portfolio	2
<p>Clear record-keeping and report-writing</p> <ul style="list-style-type: none"> - Have understood the need for careful record-keeping and report-writing - Keep accurate, legible and relevant medical records - Begun to develop effective written communications with patients and their families, with colleagues and with other professional organisations - Be able to use information technology effectively in clinical practice and audit 	MSF, CbD	2

<ul style="list-style-type: none"> - Ensure that written communications summarise accurately discussions with young people and parents or carers, and, to avoid confusion and anxiety, do not include info that was not part of the original discussion 		
<p>Reliable responses to investigations in paediatrics</p> <ul style="list-style-type: none"> - be able to explain the investigation results to parents and/or the child - demonstrate safe practice in the timely and appropriate requests for investigations - be able to initiate appropriate investigations - be able to interpret results of investigations requested and respond appropriately - be able to record results and document procedures legibly and accurately - be able to give appropriate medical information when requesting investigations - know that results should be requested clearly and retrieved promptly - Beginning to understand common age appropriate normal ranges and appearances - be receptive to feedback form patients and parents/carers on the effects of medication/treatment - know when to seek advice regarding further investigations of a child or interpretation of an abnormal result 	MSF, CbD	2
<p>Knowledge and skills in safe prescribing of common drugs in paediatrics</p> <ul style="list-style-type: none"> - Begin to know and understand the pharmacological basis for treatments - Be able to prescribe safely for the newborn and for children of all ages - Know the approved indications and justification for prescribing drugs in common paediatric problems - Know the pharmacokinetics and pharmodynamics of commonly prescribed drugs - Know about the drug interactions of commonly used drugs - Be aware of possible drug interactions of commonly used drugs where more than one drug is prescribed - Know how to report adverse affects - Recognise serious drug reactions for example Stevens-Johnson Syndrome - Know the risks of prescribing in the child-bearing years, in pregnancy and breast feeding mothers - Understand the principles of prescribing for newborn babies and breast feeding mothers - Know about the roles of the regulatory agencies involved in drug use, monitoring and licensing - Know about the licensing of medicines for paediatric 	MRCPCH, CbD	2

<ul style="list-style-type: none"> - patients and unlicensed and off-label use - Be able to calculate drugs accurately according to specific doses for weight or age/weight range or on a specific dose/specific area basis - Know how to find out information necessary for safe prescribing through the use of paediatric formularies and pharmacy liaison - Know how to use the local and national guidelines for the relief of pain in children - Be aware of procedures for obtaining consent in children and young people for the administration of drugs - Understand the rationale for prescribing common antimicrobials - Know the indications for antimicrobial prophylaxis - Understand the mechanism of drug resistance - Know the complications and management of paracetamol poisoning - Be able to apply the national and local guidelines on prescribing paediatric intravenous fluid - Be able to make reliable and accurate mathematical calculations required in clinical practice e.g. drug and fluid prescriptions - Be able to prescribe safely and write legible prescriptions, using appropriate medications in correct doses 		
<p>Developing an understanding of safeguarding and vulnerability in paediatrics</p> <ul style="list-style-type: none"> - Beginning to understand the effects of family composition, socio-economic factors and poverty on child health - Know the principles of the UN Convention on the Rights of the Child, apply these in their own practice and work for the protection of these rights - Be aware of the World Health Organisation and UNICEF - Be able to recognise and beginning to outline the management of children in need of protection - Beginning to understand concepts and factors underpinning child protection work - Beginning to recognise features in presentation, where child protection may be an issue for example where there are patterns of injury, delay in presentation, inconsistencies in the history - Begin to understand the emotional impact of abuse on the child, family and on professionals - Know the local guidelines and national guidance and follow the procedures for cases where child abuse is suspected - Keep accurate records of all findings and 	<p>MRCPCH, CbD, Portfolio</p>	<p>2</p>

<p>communications with the child, family members and all other professionals</p> <ul style="list-style-type: none"> - To be able to record clearly the results of an examination of a baby, child or adolescent using body charts - Recognise the importance of noting all observations of the child's demeanour and interactions with parents and carers - Understand the need to initiate a safe response where abuse is suspected, whilst treating the family with respect and courtesy at all times <p>Begin to understand the ways in which their own beliefs, experience and attitudes might influence professional involvement in child protection work</p> <ul style="list-style-type: none"> - Know how to access the Child Protection Register - Have attended child protection awareness training 		
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<p>Knowledge of the science-base for paediatrics</p> <ul style="list-style-type: none"> - Begin to know and be able to apply the scientific base relevant to clinical practice in paediatrics - Begin to know the aetiology and pathophysiology of common and serious childhood conditions - 	MRCPCH, CbD	3
<p>Knowledge of common and serious paediatric conditions and their management</p> <ul style="list-style-type: none"> - Begin to understand the promotion of health and the management of ill-health in babies children and adolescents - Beginning to recognise the mental health components of all paediatric illness 	MRCPCH, CbD	3
<p>Beginning to have an understanding of growth, development, health and well-being in paediatrics</p> <p>Development</p> <ul style="list-style-type: none"> - Begin to understand the variations in relationship between physical, emotional, intellectual and social factors and their influence on development and health - Be familiar with the patterns of normal development from birth to adulthood - Understand the need for further assessment and investigation of delayed development and how to access this 	MRCPCH, CbD	3

- Know and understand the principles of screening and monitoring
- Beginning to Understand the specific health issues, diseases and disorders related to the stages of growth and development
- Be able to assess and monitor development using appropriate tools
- Beginning to know the causes of neurodisability, how disability might affect clinical examination and assessment and understand the need for a multi-disciplinary approach to management
- Beginning to recognise deviations from normal patterns of development

Emotional development

- Begin to know the factors which influence healthy emotional development
- Begin to understand the emotional impact of illness and hospitalisation on children and their families
- Begin to understand a child's need for opportunities to play and learn at different ages
- Begin to be able to assess parenting skills and recognise indications of unsatisfactory or unsafe parenting

Social development

- Begin to know the factors that influence social development

Educational development

- Begin to know the factors which influence intellectual development
- Begin to understand the vulnerability of a child with learning difficulties
- Begin to understand the impact of learning difficulties on social and emotional behaviour

Growth and nutrition

- Begin to understand the importance of emotional factors in feeding and nutrition, in particular in non-organic failure to thrive
- be able to monitor growth using appropriate tools
- Begin to understand the basic physiology of breast feeding
- Begin to recognise common breast feeding problems and refer appropriately
- Begin to be able to advise a mother about the benefits and risks associated with infant feeding
- Understand the relationship between nutritional status and disease

<ul style="list-style-type: none"> - Begin to know about the principles and methods of dietary supplementation - Understand the effects of obesity on long term health - Understand interventional strategies involved in weight reduction - Begin to understand the range of factors, biological, psychological and social which influence normal growth and puberty <p>Adolescence</p> <ul style="list-style-type: none"> - Understand the variations in relationship between physical, emotional, intellectual and social factors and their influence on adolescent development - Understand the different specific and changing health needs of adolescents as inpatients and outpatients - Begin to understand and respond appropriately to episodes of self-harm in adolescents - Recognise risk-taking behaviours, particularly those which pose a threat to chronic disease management 		
<p>Begin to have an understanding of health promotion and public health issues in paediatrics. Trainees will:</p> <ul style="list-style-type: none"> - Begin to be aware of the key determinants of child health and well-being - Be aware of the indices of social deprivation - Know about the organisation of NHS management structures and service networks - Begin to be aware of the principles of health promotion and health education and of current health promotion activities carried out in the community - Begin to understand the cause of outbreaks of infection, its investigation and control - Begin to understand the principles of public health needs assessment <p>Screening and surveillance</p> <ul style="list-style-type: none"> - Know about screening and surveillance programmes <p>Health promotion</p> <ul style="list-style-type: none"> - Understand the importance of evidence to support health promotion activities - Know the role of health promotion programmes for example to prevent dental decay, smoking, accidents, obesity, sudden infant death <p>Public health and epidemiology</p> <ul style="list-style-type: none"> - Know about population statistics and know how 	MRCPCH, Portfolio	3

<p>they might be used in service development</p> <ul style="list-style-type: none"> - Understand the role of public health doctors in commissioning NHS services - Understand good study design - Know the principles of how to conduct population studies - Be able to evaluate evidence <p>Immunisation</p> <ul style="list-style-type: none"> - Understand passive and active immunisation - Understand the principles and the rationale behind the national immunisation policy for children in Britain - Know the indications, contraindications and complications of routine and specific childhood immunisations - Be able to advise parents 		
<p>Beginning to have an understanding of an evidence-based approach to paediatric practice. Trainees will:</p> <ul style="list-style-type: none"> - know how Cochrane systematic reviews are developed and the principles of meta analysis - ensure that they are up to date in their practice and endeavour to promote evidence-based medicine where possible - be able to give an evidence based presentation 	MRCPCH, MSF, CbD, Portfolio	3
<p>Beginning to have an understanding of clinical governance activities and audit in paediatric practice. Trainees will:</p> <ul style="list-style-type: none"> - know how clinical guidelines are produced and how they might be used appropriately within the context of clinical practice - be familiar with and follow the local and national clinical guidelines and protocols - understand the principles of evaluation, audit, research, development and standard setting in improving quality - participate in clinical governance activities, risk management and audit - be able to use ICT effectively in clinical practice and audit - know how to access clinical databases and where to find web-based information - be aware of complaints protocols in hospitals 	MRCPCH, MSF, CbD, Portfolio	3
<p>A reflective approach to improvement of professional practice as a paediatrician. Trainees will:</p>	MSF, Portfolio	3

<ul style="list-style-type: none"> - have begun to develop a reflective approach to their practice and a commitment to learning and improving their practice through reflection 		
<p>An understanding of equality and diversity in paediatric practice. Trainees will:</p> <ul style="list-style-type: none"> - understand the importance of cultural diversity and the difficulties where religious and cultural beliefs that parents might hold about the treatment of their children are in conflict with good medical practice - (and know where to find legal and ethical guidelines to support their work) - begin to understand that young people may have or may develop health care beliefs which are in conflict with those of parents or professionals,(and know where to find legal and ethical guidelines to support their work) - know when to seek support and where to find legal and ethical guidelines to support them - have an open minded approach to equality and diversity - understand the national perspective and contribute to local initiatives aimed at reducing inequalities in child health and well-being 	MSF, CbD, Portfolio	3
<p>Beginning to have knowledge of the law regarding paediatric practice</p>	MRCPCH, CbD, Portfolio	

<p>Beginning to have an understanding of effective teaching in paediatrics Trainees will:</p> <ul style="list-style-type: none"> - begin to develop a sound understanding and a commitment to the principles and practice of effective teaching and learning in clinical contexts 	MRCPCH, MSF, Portfolio	4
<p>Having a positive approach to receiving mentoring and educational supervision. Trainees will:</p> <ul style="list-style-type: none"> - understand the importance of a positive and constructive approach to mentoring and supervision - show a commitment to their continuing professional development and respond positively to requests for enquiries or critical incident reports and to outcomes of reviews, assessments and appraisals of their performance 	MSF, Portfolio	4

<ul style="list-style-type: none"> - show honesty and integrity when contributing to peer reviews of colleagues in teaching and research 		
<p>an understanding of the need for an ethical and rigorous approach to research in paediatrics. Trainees will:</p> <ul style="list-style-type: none"> - show an understanding of the need for an ethical and rigorous approach to research in paediatrics - understand their responsibilities to conduct research with honesty and integrity, seeking ethical approval where appropriate and safeguarding the interests of patients - begin to understand basic concepts in research design and methodology including the difference types of research studies - understand the difference between research and audit - understand the steps involved in planning a research project - understand when to use simple statistical tests and their interpretation - begin to develop critical appraisal skills and to apply to their reading of the literature, including systematic reviews of their own teaching and the teaching of others 	<p>MRCPCH, MSF, Portfolio</p>	<p>4</p>

Relationships with Patients: Communication, Partnership and teamwork

<p>Beginning to have an understanding of effective communication and interpersonal skills with children of all ages. Trainees will:</p> <ul style="list-style-type: none"> - have understood the need for and begun to develop effective communication skills specific to their work with babies, children, young people and their families' - know where to find assistance in the case where a child or family member may not speak English - have understood the need to respond to babies, disabled children or young people who may not be able to express themselves verbally and who might be in pain or distress - have strong communication and interpersonal skills to enable them to work effectively with patients and their families, and colleagues in multi-professional and multi-discipline teams 	<p>MRCPCH, MSF, miniCEX</p>	<p>4</p>
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<ul style="list-style-type: none"> - be able to demonstrate courtesy to families, colleagues and members of the multi-disciplinary team at all times - Begin to have experience of how to communicate diagnosis and prognosis effectively to children, where appropriate, young people and their families 		
<p>Beginning to have empathy and sensitivity and skills in engaging the trust of and consent from children and their families. Trainees will:</p> <ul style="list-style-type: none"> - Begin to understand the need for compassion, empathy and respect for children, young people and their families - Know the national and local guidance for obtaining consent for post-mortem - Begin to understand the factors that affect a child's level of anxiety about illness, treatment or examination - Begin to develop strategies to manage a child's anxieties and personal anxieties 	MRCPCH, MSF, miniCEX	5
<p>Beginning to have an understanding of listening skills and basic skills in giving information and advice to young people and their families. Trainees will:</p> <ul style="list-style-type: none"> - Have begun to develop active listening skills with children and young people and understood the need to respect their views - Show patience and sensitivity in their communications with children and their families and a particular ability to explore their individual perspectives of a problem - Begin to know about agencies both statutory and voluntary that can provide support to children and their families in coping with ill health 	MRCPCH, MSF, miniCEX	5

Working with colleagues

<p>Effective Communication and interpersonal skills with colleagues. Trainees will:</p> <ul style="list-style-type: none"> - Understand the need to engage effectively with professionals in other disciplines and agencies from the voluntary sector - Understand the need for open and non-discriminatory professional working relationships 	MSF, miniCEX	6
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<p>with colleagues</p> <ul style="list-style-type: none"> - Recognise the needs for timely senior support in serious clinical situations and be effective in requesting this 		
<p>Professional respect for the contribution of colleagues in a range of roles in paediatric practice. Trainees will:</p> <ul style="list-style-type: none"> - Demonstrate the ability to work effectively in multi-disciplinary teams and with colleagues from a wide range of groups - Have the ability to take on differing and complementary roles within the different communities of practice within which they work, in hospitals, general practice and in the community, in social services and schools - Understand the importance of effective team work with colleagues in multi-disciplinary teams to ensure consistency and continuity and a holistic approach to the treatment and care of children and young people 	MSF, miniCEX	6
<p>Effective time management skills. Trainees will:</p> <ul style="list-style-type: none"> - Have effective time management skills in their professional roles - be able to prioritise tasks in personal and professional contexts for example in medical emergencies 	MSF, miniCEX	6
<p>Effective handover, referral and discharge procedures in paediatrics. Trainees will:</p> <ul style="list-style-type: none"> - Ensure effective hand-over procedures and clear communications with colleagues to ensure the continuing good medical care of patients - Ensure the effective discharge procedures to their family, community, social and primary care services 	Portfolio	6

Probity in Paediatrics

<p>Ethical personal and professional practice in providing safe clinical care. Trainees will:</p> <ul style="list-style-type: none"> - understand the limitations of their competence, in their clinical practice and in their relationships with patients and know where and when to ask for help, support and supervision - Understand the need for honesty and know the procedures to follow where there is concern about the professional conduct of a colleague who might be putting the health of a patient at risk 	MRCPCH, MSF, miniCEX, Portfolio	7
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<ul style="list-style-type: none"> - demonstrate probity in personal and professional life - be aware of the ways in which their personal experiences, values and attitudes might affect their professional practice and know when to refer to another doctor 		
<p>Reliability and responsibility in ensuring their accessibility to colleagues and patients and their families. Trainees will:</p> <ul style="list-style-type: none"> - demonstrate a commitment to the highest standards of care and ethical and professional behaviour within their speciality and with the medical profession as a whole 	MSF, Portfolio	7
<p>An understanding of the importance of self-awareness and a responsible approach to personal health, stress and well-being. Trainees will:</p> <ul style="list-style-type: none"> - take responsibility for their own obligation for health and well-being, safety and welfare issues - show an understanding of the importance of ensuring the healthy balance between professional and domestic priorities - demonstrate a responsibility for their own health in so far as it might affect the welfare of safety of patients 	MSF, Portfolio	8

12.3 Sub-specialty conditions in Paediatrics and Child Health

During the placement in paediatrics the trainee will be expected to get some experience in the sub specialties of paediatrics. Sampling of the following competences should be assessed within workplace based assessment

<u>Cardiology</u>	Assessment	GMP domain
<p>General competencies.</p> <ul style="list-style-type: none"> - Have the knowledge and skills to begin to be able to assess and initiate management of babies and children presenting with cardiological disorders - Be able to begin to formulate a differential diagnosis - Be able to begin to respond appropriately to cardiac arrest - Be able to begin to select and interpret appropriate cardiological investigations and know the indications for echocardiography 	CbD, miniCEX, MRCPCH	1

<ul style="list-style-type: none"> - Understand the life threatening nature of some of these conditions and when to call for help <p>Acute Presentations: Cyanosis</p> <ul style="list-style-type: none"> - Know the normal fetal circulation and transitional changes after birth - Begin to know the anatomy of the common causes of cyanotic heart disease - Begin to differentiate between cardiac and non-cardiac causes of cyanosis - Recognise when treatment is urgent <p>Acute Presentations: Heart Failure, including cardiac conditions which present with shock</p> <ul style="list-style-type: none"> - Understand the causes of heart failure - Begin to be able to initiate appropriate investigations and treatment <p>Acute Presentations: Arrhythmias Begin to be able to recognise common dysrhythmias on ECG Be able to begin to initiate emergency treatment in arrhythmias such as tachycardia</p>		
<p>Outpatient presentations: Heart murmur</p> <ul style="list-style-type: none"> - Begin to know the causes of common heart murmurs and the haemodynamic reasons for them <p>Outpatient presentations: Hypertension</p> <ul style="list-style-type: none"> - Know and understand the causes of hypertension - Be able to measure and interpret correctly blood pressure measurements at different ages - Recognise the importance of examining femoral pulses in all children <p>Outpatient presentations: palpitations</p> <ul style="list-style-type: none"> - Know the cardiac and non cardiac causes of palpitations - Be able to initiate appropriate investigations <p>Outpatient presentations: syncope</p> <ul style="list-style-type: none"> - Know the cardiac causes of syncope - Begin to be able to initiate appropriate investigations including appropriate ECG analysis 		

<u>Dermatology</u>	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Be able to describe accurately any rash - Recognise and known when to refer common birth marks and haemangiomata - Understand the principles of therapy for skin complaints - Be aware of the different potencies of topical steroids and of their side effects 	CbD, miniCEX, MRCPCH	1
Acute presentations: Skin failure e.g toxic epidermal		

<p>necrosis, staphylococcal scalded skin syndrome and epidermolysis bullosa</p> <ul style="list-style-type: none"> - Know the features and management of staphylococcal scalded skin syndrome <p>Acute presentations: Skin infections</p> <ul style="list-style-type: none"> - Know the causal bacteria, features, complications and management of cellulitis including periorbital cellulitis - Know the features and management of infected eczema and eczema herpeticum - Recognise and be able to treat scabies, pediculoses, and common viral and fungal skin infections <p>Acute presentations: cutaneous drug reactions</p> <ul style="list-style-type: none"> - Be aware of the different patterns of drug reaction and of the common precipitants - Be able to assess mucosal involvement - Recognise serious drug reactions e.g. Stevens-Johnson syndrome <p>Acute presentations: erythematous rash and fever</p> <ul style="list-style-type: none"> - Know the causes of fever and an erythematous rash - Be aware of rare but serious causes e.g. toxic shock syndrome - Be able to recognise Kawasaki syndrome and to institute appropriate treatment 		
<p>Outpatient presentations: Eczema and seborrheic dermatitis</p> <ul style="list-style-type: none"> - Know the principles of treating eczema - Be able to manage mild eczema and seborrheic dermatitis - Be able to advise parents about common problems such as cradle cap and nappy rash 		

<u>Diabetes and endocrinology</u>	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Have the knowledge and skills to be able to BEGIN TO assess and initiate management of patients presenting with diabetes, growth or endocrine presentations in inpatient or outpatient settings - Know about changes to insulin and steroid therapy in children with diabetes and hypoadrenalism during acute illness or perioperatively 	CbD, miniCEX, MRCPCH	1

<p>Acute presentations: A child presents ‘well’ with diabetes mellitus</p> <ul style="list-style-type: none"> - Know the pathophysiology of diabetes mellitus - Recognise the early features of this presentation - Know the principles of diabetes management including commonly used insulin regimens - Know about the long term complications of diabetes and about ways to reduce the risks of these occurring - Be able to explain this condition to parents - Be able to liaise with the children’s diabetes team - Be able to give basic advice about diet and exercise <p>Acute presentations: Diabetic ketoacidosis</p> <ul style="list-style-type: none"> - Understand the pathophysiology of diabetic ketoacidosis - Be aware of potential complications including cerebral oedema - Begin to know how to treat and monitor progress - Be able to recognise the clinical features of this condition <p>Acute presentations: Hypoglycaemia</p> <ul style="list-style-type: none"> - Know the causes, complications and treatment in the neonatal period and beyond - Know that blood glucose is an urgent investigation in patients with impaired conscious level 		
<p>Outpatient presentations: Abnormal rates of growth</p> <ul style="list-style-type: none"> - Know the causes of short stature or slow growth and the characteristics of these conditions <p>Outpatient presentations: Goitre and thyroid disorders</p> <ul style="list-style-type: none"> - Begin to know the causes of congenital and acquired hypothyroidism - Know about the national screening programme for hypothyroidism <p>Outpatient presentations: Polyuria and Polydipsia</p> <ul style="list-style-type: none"> - Know the causes of this presentation including diabetes mellitus and insipidus <p>Outpatient presentations: Obesity</p> <ul style="list-style-type: none"> - Understand the causes of obesity - Understand the long term complications - Understand interventional strategies that are involved in weight reduction - Be aware of the presentation of type 2 diabetes during childhood - Be able to explain the long term complications to parents 		

Gastroenterology and Hepatology	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Have the knowledge and skills to be able to begin to assess and initiate management of patients presenting with gastroenterological problems in acute and outpatient settings 	CbD, miniCEX, MRCPCH	1
<p>Acute presentations: Acute abdominal pain</p> <ul style="list-style-type: none"> - Know the causes of acute abdominal pain - Begin to recognise conditions which require urgent intervention e.g. intussusception <p>Acute presentations: Acute diarrhoea and/or vomiting</p> <ul style="list-style-type: none"> - Know the causes of the symptoms of acute diarrhoea and/or vomiting - Be familiar with local isolation policies - Know about oral and intravenous fluid therapy - Recognise features in the presentation which suggest serious pathology e.g. haemolytic uraemic syndrome, appendicitis, intestinal obstruction <p>Acute presentations: Jaundice</p> <ul style="list-style-type: none"> - Begin to know the causes of neonatal and childhood jaundice <p>Acute presentations: Upper and lower gastrointestinal bleeding</p> <ul style="list-style-type: none"> - Know the causes of upper and lower gastrointestinal bleeding <p>Acute presentations: Abdominal distension</p> <ul style="list-style-type: none"> - Begin to know the causes of abdominal distension <p>Acute presentations: Acute liver failure</p> <ul style="list-style-type: none"> - Begin to be familiar with the causes of acute liver failure - Know the management of paracetamol poisoning - Begin to recognise the need to discuss the case with the liver unit early <p>Acute presentations: Gastro-oesophageal reflux and oesophagitis</p> <ul style="list-style-type: none"> - Begin to know the range of presentations of gastro-oesophageal reflux and oesophagitis in otherwise well infants and children and also in disabled children - Begin to recognise the range of signs and symptoms associated with gastro-oesophageal reflux and oesophagitis 		

<p>Outpatient presentations: Chronic or recurrent abdominal pain</p> <ul style="list-style-type: none"> - Begin to know the possible biological, psychological and social contributing factors in chronic or recurrent abdominal pain <p>Outpatient presentations: Chronic diarrhoea and/or vomiting</p> <ul style="list-style-type: none"> - Know the causes of Chronic diarrhoea and/or vomiting <p>Outpatient presentations: Constipation with or without soiling</p> <ul style="list-style-type: none"> - Be familiar with local and national guidelines for management - Manage simple constipation with and without soiling <p>Outpatient presentations: Dysphagia</p> <ul style="list-style-type: none"> - Know the causes of dysphagia - Be able to distinguish between organic and functional dysphagia <p>Outpatient presentations: Malabsorption</p> <ul style="list-style-type: none"> - Begin to know the causes of malabsorption including celiac disease and cystic fibrosis and its consequences - Begin to understand the principles of treatment of the different types of malabsorption - Recognise the role of the dietician and to liaise appropriately <p>Outpatient presentations: Malnutrition</p> <ul style="list-style-type: none"> - Begin to know the causes of malnutrition including organic and non-organic causes - Be familiar with the consequences of malnutrition - Know the principles of enteral and parenteral nutrition support <p>Outpatient presentations: Iron deficiency anaemia</p> <ul style="list-style-type: none"> - Know the causes of iron deficiency anaemia including poor diet, bleeding and malabsorption - Understand factors which predispose to dietary iron deficiency anaemia 		
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Genetics and Dymorphology	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Understand the scientific basis of chromosomal disorders and inheritance - Be able to construct a family tree and interpret patterns of inheritance - Begin to understand the basis of molecular genetics - Begin to know about the features of some common chromosome disorders 	CbD, miniCEX, MRCPCH	1

<ul style="list-style-type: none"> - Be able to describe the features of a baby or child associated with common malformation or deformation syndromes - Begin to have experience of interviews where diagnoses of serious conditions are communicated to parents - Begin to know what to do when the diagnosis of Down's syndrome is suspected at delivery or on the postnatal wards - Be aware of environmental factors which may affect pre-natal development, e.g. alcohol and drugs 		
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Haematology and Oncology	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Have the knowledge and skills to be able to assess patients presenting with haematological or oncological presentations in inpatient and outpatient settings - Be able to initiate management in common presentations of non-malignant disorders - Be aware of the role of specialist nurses and other members of palliative care teams - Know the principles of cancer treatment - Be aware of the short and long term side effects of chemotherapy and radiotherapy - Know about national and local blood transfusion policies and procedures 	CbD, miniCEX, MRCPCH	1
<p>Acute and outpatient presentations: Anaemia</p> <ul style="list-style-type: none"> - Know and understand the causes of anaemia - Understand the investigations which may clarify the diagnosis - Understand the predisposing factors and consequences of iron deficiency anaemia - Understand the hereditary basis and clinical features of sickle cell anaemia and the thalassaemias - Understand the long term implications for families - Know about the potential consequences of haemolytic anaemia - Be able to manage iron deficiency anaemia - Be able to explain screening for the thalassaemia or sickle cell trait 		

<ul style="list-style-type: none"> - Be able to recognise and initiate management of sickle cell crisis <p>Acute and outpatient presentations: Neutropaenia</p> <ul style="list-style-type: none"> - Understand the significance of fever in a neutropaenic patient - Be able to manage febrile neutropaenia with guidance <p>Acute and outpatient presentations: Purpura and bruising</p> <ul style="list-style-type: none"> - Know the causes of purpura and bruising - Recognise features in the presentation which suggest serious pathology or child abuse <p>Acute and outpatient presentations: Other haemorrhage due to coagulopathy</p> <ul style="list-style-type: none"> - Understand the hereditary basis of haemophilia and other coagulation disorders - Be able to discuss the need for prophylactic vitamin K with parents <p>Acute and outpatient presentations: Leukaemia</p> <ul style="list-style-type: none"> - Be aware of the different types of leukaemia and of their prognoses - Recognise and understand the clinical manifestations of leukaemia - Be able to recognise the immediate dangers of leukaemia to the newly presenting child 		
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Infection, Immunology and Allergy	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Have the knowledge and skills to be able to assess and initiate management of patients - Know and understand host defence mechanisms and their pattern of development - Know the causes of vulnerability to infection - Know and understand the classification of infectious agents - Know the mechanisms of maternal to fetal transmission of infection and the clinical manifestations of these infections - Know the epidemiology, pathology and natural history of common infections of the foetus, newborn, and children in Britain and important worldwide infections, e.g. TB, HIV, hepatitis, B, malaria, Polio 	CbD, miniCEX, MRCPCH	1

<ul style="list-style-type: none"> - Be able to follow agreed local and national guidelines on notification of infectious diseases - Understand the rationale for prescribing common antimicrobials - Understand nosocomial infections and the basic principles of infection control - Be aware of the policies for notifying communicable diseases 		
<p>Acute presentations: septic shock</p> <ul style="list-style-type: none"> - Understand the pathophysiology of septic shock and its complications - Know local and nationally agreed guidelines for the management of septic shock including meningococcal disease - Be aware of the differential diagnosis of septic shock - Be able to recognise the early features of septic shock - Begin to be able to lead the team when initiating resuscitation and treatment - Be able to liaise with anaesthetic and PICU staff <p>Acute presentations: fever of unknown origin</p> <ul style="list-style-type: none"> - Know the possible causes of fever of unknown origin - Recognise features in the presentation which suggest serious or unusual pathology <p>Acute presentations: anaphylaxis</p> <ul style="list-style-type: none"> - Know the management of anaphylaxis guidelines 		
<p>Outpatient presentations: Recurrent infections</p> <ul style="list-style-type: none"> - Begin to understand why children suffer recurrent infections <p>Outpatient presentations: Food intolerance and other allergies</p> <ul style="list-style-type: none"> - Know the features of cows' milk protein intolerance and its management <p>Outpatient presentations: Immunisation</p> <ul style="list-style-type: none"> - Understand passive and active immunisation - Understand the principles and the rationale behind the national immunisation policy for children in Britain - Begin to know the indications, contraindications and complications of routine childhood immunisations - Begin to be able to advise parents about immunisations 		

Metabolic Medicine	Assessment	GMP Domain
General competences <ul style="list-style-type: none"> - Recognise the clinical and biochemical features of electrolyte and acid base disturbances - Begin to know when it is appropriate to perform metabolic investigations in neonates and children - Know about the common biochemical findings in an acutely ill newborn or child presenting with metabolic disease including hypoglycaemia, hyperammonaemia or metabolic acidosis - Know the causes of metabolic bone disease and investigations to differentiate between the causes 	CbD, miniCEX, MRCPCH	1

Musculo-Skeletal medicine	Assessment	GMP Domain
General competencies <ul style="list-style-type: none"> - Begin to know the differential diagnosis of musculoskeletal presentations including inflammatory, non-inflammatory and idiopathic causes - Take an appropriate history, musculoskeletal examination and assessment - Begin to recognise features in the clinical presentation or investigation findings which suggest physical abuse, emotional abuse and neglect - Begin to understand the disease associations of rheumatological conditions, in particular juvenile arthritis and eye disease 	CbD, miniCEX, MRCPCH	1
Acute presentations: Joint swelling <ul style="list-style-type: none"> - Know the causes of joint swelling at single and multiple sites - Know when to refer for a specialist opinion - Be able to identify joint swelling and abnormal range of joint movement on clinical examination Acute presentations: Musculoskeletal pain <ul style="list-style-type: none"> - Know the varied causes of musculoskeletal pain - Be aware of referred pain - Know when to refer for a specialist opinion - Perform a musculoskeletal examination Acute presentations: Limp <ul style="list-style-type: none"> - Know the differential diagnosis of a limp at different 		

<p>ages and clinical presentations</p> <p>Acute presentations: Limb pain</p> <ul style="list-style-type: none"> - Know the differential diagnosis of limb pains - Be aware of the clinical features of benign hypermobility and non-benign hypermobility (e.g. Marfans syndrome) - Be able to distinguish between inflammatory and non-inflammatory conditions <p>Acute presentations: Leg alignment (normal variants)</p> <ul style="list-style-type: none"> - Know the predisposing factors and presentation of rickets <p>Acute presentations: Multi-system disease</p> <ul style="list-style-type: none"> - Be able to distinguish between inflammatory and non-inflammatory conditions 		
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Neonatology	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Be able to examine the newborn baby appropriately and with sensitivity - Be able to initiate appropriate resuscitation when required - Know and understand the pathophysiology of the effects of prematurity - Understand the principles of parenteral nutrition - Understand the principles of prescribing for newborn babies and breastfeeding mothers - Understand the implications for families of babies with neonatal problems - Begin to develop strategies to communicate sympathetically with parents - Understand the long-term sequelae of prematurity and begin to recognise those at risk 	CbD, miniCEX, MRCPCH	1
<p>Birth depression</p> <ul style="list-style-type: none"> - Know the causes and possible outcomes - Understand the principles of resuscitation - Understand the physiological effects of a hypoxic-ischaemic insult - Be able to initiate resuscitation using bag and mask ventilation and cardiac compressions <p>Respiratory Distress (acute and chronic)</p> <ul style="list-style-type: none"> - Understand the common causes of respiratory distress - Be able to initiate respiratory support - BEGIN TO Be able to suspect and diagnose pneumothorax - BEGIN TO Obtain, interpret and act appropriately 		

<p>on blood gas results</p> <p>Cyanosis not of respiratory origin</p> <ul style="list-style-type: none"> - BEGIN TO Understand the anatomy and implications of cyanotic congenital heart disease - BEGIN TO Be able to suspect the diagnosis and initiate appropriate investigations <p>Intra-uterine growth restriction and other nutrition problems</p> <ul style="list-style-type: none"> - Understand the importance of breastfeeding - Know the causes of intra-uterine and postnatal growth failure - Understand the principles of parenteral nutrition - Be able to keep and interpret accurate growth records <p>Serious congenital abnormalities</p> <ul style="list-style-type: none"> - Understand the use of antenatal diagnosis and the role of fetal medicine - Be aware of surgical interventions - BEGIN TO Understand the impact on parents of the birth of a baby with serious congenital abnormalities or potential disabilities and the ensuing grief due to loss of the expected normal child <p>Sepsis</p> <ul style="list-style-type: none"> - BEGIN TO Recognise early signs of sepsis and initiate therapy appropriately <p>The dying baby</p> <ul style="list-style-type: none"> - BEGIN TO Know about terminal care and bereavement counselling - BEGIN TO Be able to communicate sympathetically with parents 		

Postnatal ward and outpatient presentations	Assessment	GMP Domain
<p>Jaundice</p> <ul style="list-style-type: none"> - Understand the investigations that will differentiate between the causes of conjugated and unconjugated hyperbilirubinaemia - BEGIN TO Know the appropriate management - BEGIN TO Recognise features which suggest serious pathology <p>Feeding</p> <ul style="list-style-type: none"> - Understand the importance of breastfeeding - BEGIN TO know the causes of feeding problems - BEGIN TO Be able to support and advise breastfeeding mothers 	CbD, miniCEX, MRCPCH	1

<ul style="list-style-type: none"> - BEGIN TO Be able to identify underlying pathology or failure to thrive <p>Infants of diabetic mothers</p> <ul style="list-style-type: none"> - Understand the physiology - BEGIN TO Be able to interpret blood glucose estimations - BEGIN TO Be able to initiate appropriate management <p>Minor congenital abnormalities</p> <ul style="list-style-type: none"> - Know the common diagnoses and the likely prognosis of minor congenital abnormalities - Know about common presentations of congenital cardiac disease - Be able to advise parents appropriately - BEGIN TO Recognise when referral to an appropriate specialist is needed <p>Disordered development</p> <ul style="list-style-type: none"> - BEGIN TO Know the causes and natural history of conditions causing disordered development - BEGIN TO Understand current theories about the pathophysiology of cerebral palsy - BEGIN TO Understand the common complications of cerebral palsy and disordered development and how to access expert assessment and management - Be aware of the need for involvement of the multidisciplinary team <p>Screening</p> <ul style="list-style-type: none"> - Know the range of screening tests used including the newborn examination - Know about the universal Newborn Hearing Screening Programme - Understand the difference between a screening and a diagnostic test - Understand the investigations that will follow - Know about developmental dysplasia of the hip - Be able to explain the implications of a screening test to parents - Order such tests appropriately - Be able to perform a newborn examination effectively (including heart, pulses, hips, palate and eyes for red reflex) 		
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Nephro-urology	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - Have the knowledge and skills to be able to 	CbD, miniCEX, MRCPCH	1

<p>assess and initiate management of patients presenting with nephro-urology problems in acute and outpatient settings</p> <ul style="list-style-type: none"> - BEGIN TO Be able to perform a reliable and accurate assessment of fluid status and initiate appropriate fluid management - BEGIN TO Have the knowledge and understanding of fluid and electrolyte imbalance and blood pressure in children with kidney problems - BEGIN TO Understand the principles of prescribing in children with renal disease - BEGIN TO Recognise features in the presentation which suggest serious or significant pathology - BEGIN TO Understand the role of different renal imaging techniques including ultrasound, static and dynamic isotope scans in the investigation of urinary tract disorders 		
<p>Acute presentations: Nephrotic syndrome</p> <ul style="list-style-type: none"> - BEGIN TO Understand the complications of the nephrotic state - Be able to advise parents on the complications of steroid therapy <p>Acute presentations: Acute nephritis</p> <ul style="list-style-type: none"> - BEGIN TO know the aetiology, pathophysiology and immunological basis of glomerulonephritides and vasculitides - BEGIN TO Understand the investigations that will differentiate between the causes <p>Acute presentations: Acute renal failure</p> <ul style="list-style-type: none"> - Know the causes of acute renal failure - Understand the investigations that may differentiate between these causes - BEGIN TO Understand the methods to correct fluid and biochemical abnormalities seen in renal failure - BEGIN TO Know the indications for dialysis <p>Acute presentations: Hypertension</p> <ul style="list-style-type: none"> - Know the techniques of blood pressure measurement - Know the causes of hypertension and the principles of treatment - BEGIN TO Be able to interpret blood pressure measurements <p>Acute presentations: Acute scrotal pain</p> <ul style="list-style-type: none"> - Know the differential diagnosis of this symptom 		

<ul style="list-style-type: none"> - BEGIN TO Be able to recognise the important causes of acute scrotal pain - BEGIN TO Be able to identify children who require urgent surgical referral <p>Acute presentations: Stones</p> <ul style="list-style-type: none"> - Know the causes of stone formation 		
<p>Outpatient presentations: Voiding disorders including enuresis, dysuria, frequency and polyuria</p> <ul style="list-style-type: none"> - Know both the physical and psychological causes of voiding disorders - Understand the principles of investigation of urinary tract infection and management of vesico-ureteric reflux - Understand the principles of managing enuresis - Be able to take a detailed voiding history - Be able to interpret common urine microscopic and culture findings <p>Outpatient presentations: Haematuria and proteinuria</p> <ul style="list-style-type: none"> - Know the causes of these signs - Understand the investigations that will differentiate between the causes <p>Outpatient presentations: Urogenital abnormalities</p> <ul style="list-style-type: none"> - Be able to examine the genitalia appropriately and with sensitivity <p>Outpatient presentations: Chronic renal failure</p> <ul style="list-style-type: none"> - BEGIN TO Know the causes and natural history of conditions causing chronic renal failure - BEGIN TO Understand the pathophysiology of bone disease, anaemia and growth failure 		

Neurology and Neurodisability	Assessment	GMP Domain
<p>General competencies</p> <ul style="list-style-type: none"> - BEGIN TO Have knowledge and understanding of the pathophysiology of common disorders affecting the nervous system - Know and understand the common causes of disability - Understand concepts of disability and what this means for the child and family - Be able to take an accurate neurological and neuro-developmental history - BEGIN TO Be able to examine the nervous system of a newborn baby, child and young person 	CbD, miniCEX, MRCPCH	1

<ul style="list-style-type: none"> - BEGIN TO Know and understand the pathophysiology of the effects of prematurity - Be able to recognise a disabled child - BEGIN TO Have the knowledge and skills to be able to initiate management of children with neurological and neurodisabling conditions in acute settings and know when and whom to call for help - Understand the life-threatening nature of acute neurological deterioration and when to call for help - BEGIN TO Be able to recognise, initiate diagnostic tests and outline the management of common disorders - BEGIN TO Understand the principles and use of neuro-radiological imaging - Have a basic understanding and experience of neuro-physiological tests - Understand the principles of prescribing and monitoring therapy - Have experience of working with multi-disciplinary teams - Understand the implications for families of children with neurological and neurodisabling conditions - Understand the impact of developmental disorders on the life of child and family at different developmental stages - Understand the need for a range of communication skills with disabled children, their families and other professionals - Be able to work with families and professionals in the care of disabled children - Be aware of local services - Understand the need to work with other services outside neurology and neurodisability such as child protection, education, services for looked after children and adult services - Develop a commitment to advocacy on behalf of disabled children and their families - Be aware of how agencies work together to address how children with health and medical needs are managed at school 		
<p>Acute presentations: Seizures</p> <ul style="list-style-type: none"> - Know the common causes of seizures in newborn babies and children 	CbD, miniCEX, MRCPCH	

<ul style="list-style-type: none"> - Be aware of common epileptic syndromes - Understand the principles of initial and continuing anticonvulsant therapy in babies and children - BEGIN TO Understand the place and principles of the EEG and neuro-imaging in investigation - Be able to initiate treatment for acute continuing seizures - BEGIN TO Be able to form a differential diagnosis - Work effectively with the multidisciplinary team <p>Acute presentations: Faints and ‘funny turns’</p> <ul style="list-style-type: none"> - Be able to form a differential diagnosis for faints and ‘funny turns’ - Understand the investigations that may differentiate between these causes <p>Acute presentations: Acute focal neurological signs</p> <ul style="list-style-type: none"> - Understand the implications of acute focal neurological signs - Understand the principles of investigation - Be able to demonstrate the signs - Begin to gain experience of interpretation of CT and MRI scans - Have experience of how diagnoses are given to parents <p>Acute presentations: Ataxia, clumsiness and abnormal movement patterns</p> <ul style="list-style-type: none"> - BEGIN TO Know the common possible causes of ataxia, clumsiness and abnormal movement patterns - Know the indications for investigations - BEGIN TO Be able to recognise the signs - Recognise which urgent investigations are needed <p>Acute presentations: Hypotonia, neuropathies and myopathies</p> <ul style="list-style-type: none"> - BEGIN TO Know the common possible causes of hypotonia, neuropathies and myopathies <p>Acute presentations: Meningism and altered consciousness</p> <ul style="list-style-type: none"> - Know the likely causes or pathogens of meningism and altered consciousness - Understand the principles of treatment - Know about prophylactic therapy for contacts of meningitis - Know when it is safe to perform a lumbar puncture - Be aware that organic brain conditions can lead to psychotic symptoms 		
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<ul style="list-style-type: none"> - Know the principles of establishing brain stem death - Recognise early signs of meningitis and encephalitis - Use a validated coma score - Recognise signs and implications of raised intracranial pressure - BEGIN TO Initiate therapy appropriately - Call for help promptly - Recognise the need for urgent referral to audiology specialists after bacterial meningitis <p>Acute presentations: Neural tube defects and other congenital abnormalities</p> <ul style="list-style-type: none"> - Know about antenatal diagnosis of neural tube defects and other congenital abnormalities - BEGIN TO Know about the ethical principles involved in management decisions - Be able to communicate sympathetically with parents <p>Acute presentations: Trauma to central and peripheral nervous systems</p> <ul style="list-style-type: none"> - Be aware of the implications of severe head injury and the possibilities for rehabilitation - Know about other neurological trauma such as brachial plexus injury - Recognise the place of occupational and physiotherapy <p>Acute presentations: Fever or illness in a child with complex disabilities</p> <ul style="list-style-type: none"> - Be aware of range of diagnostic possibilities, including chest infection, aspiration, gastro-oesophageal reflux, oesophagitis, constipation, hip and joint problems, dental problems etc - Be able to assess child with complex disabilities who is unwell 		
<p>Community and outpatient presentations: Neuro-developmental regression</p> <ul style="list-style-type: none"> - Be familiar with the main investigations that will differentiate between the causes of neuro-developmental regression and how to access further expert help - Be able to assess development <p>Community and outpatient presentations: Disordered development</p> <ul style="list-style-type: none"> - Understand the common causes of disability, disordered development, and learning difficulties 	CbD, miniCEX, MRCPCH	

<ul style="list-style-type: none"> - Know about the current theories on the pathophysiology of cerebral palsy - Understand the complications of cerebral palsy and disordered development - Be aware of the work of the child development team or centre <p>Community and outpatient presentations: Speech and language delay including hearing loss</p> <ul style="list-style-type: none"> - Know the common causes - Be aware of the support available for hearing impaired children - Be aware of the importance of hearing assessment in children - Recognise when referral to a specialist is needed - Recognise the need for referral to audiology specialists or to an ENT surgeon <p>Community and outpatient presentations: Conductive hearing loss</p> <ul style="list-style-type: none"> - Know the common causes - Be aware of the principles of hearing tests at various ages - Begin to have experience of hearing tests at various ages <p>Community and outpatient presentations: Weakness</p> <ul style="list-style-type: none"> - BEGIN TO Know the possible causes <p>Community and outpatient presentations: Abnormal head size and shape</p> <ul style="list-style-type: none"> - BEGIN TO Be aware of the common causes of hydrocephalus, macrocephaly and microcephaly <p>Community and outpatient presentations: Headache</p> <ul style="list-style-type: none"> - Be aware of the possible biological, psychological and social factors that can contribute to headache - Be able to recognise when headache may indicate serious illness <p>Community and outpatient presentations: Problems of language, vision and hearing</p> <ul style="list-style-type: none"> - Be aware of the principles of testing <p>Community and outpatient presentations: Specific learning difficulties</p> <ul style="list-style-type: none"> - Be aware how specific learning difficulties present at school 		
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Ophthalmology	Assessment	GMP Domain
<p>General competences</p> <ul style="list-style-type: none"> - Be able to examine the eye and recognise those abnormalities which require urgent referral or treatment 	CbD, miniCEX, MRCPCH	1

<ul style="list-style-type: none"> - Be able to take a relevant history for a child with suspected visual impairment - Be able to use an ophthalmoscope to recognise an abnormal fundus and lens opacity - Know the principles of visual acuity testing at various ages - Be able to test for colour vision - Understand the microbiology and treatments for common eye infections including orbital cellulitis - Know about support at school and other resources for children with visual impairments 		
<p>Acute presentations: Patient presenting with a red eye</p> <ul style="list-style-type: none"> - Know the common causes of red eye - Be able to identify children who need referral - Be able to initiate investigations and manage appropriately <p>Acute presentations: Patient presenting with a possible squint</p> <ul style="list-style-type: none"> - Know the causes of acute onset and the congenital causes of a squint - Be able to recognise abnormal alignment of the eyes and examine corneal reflexes <p>Acute presentations: Ptosis</p> <ul style="list-style-type: none"> - BEGIN TO Know about the congenital and acquired causes of ptosis - Know about the Tensilon test <p>Acute presentations: Proptosis</p> <ul style="list-style-type: none"> - BEGIN TO Know the common causes of proptosis - BEGIN TO Be able to initiate appropriate investigations - Be able to examine for signs of relevant systemic disease <p>Acute presentations: Abnormal movement</p> <ul style="list-style-type: none"> - BEGIN TO Know the ocular and neurological causes of benign abnormal eye movements - Be able to undertake a full neurological examination where appropriate <p>Acute presentations: Abnormal fundus</p> <ul style="list-style-type: none"> - Know the normal appearance of the retina - BEGIN TO Be able to identify papilloedema, abnormal vessels and pigmentation - Be able to identify haemorrhage 	CbD, miniCEX, MRCPCH	
Palliative Care	Assessment	GMP Domain

<p>General competencies</p> <ul style="list-style-type: none"> - BEGIN TO Be familiar with local and national guidelines on withdrawing and withholding treatment - BEGIN TO Be familiar with guidelines on the management of sudden infant death - BEGIN TO Be aware of legal and ethical issues relating to withdrawing life support - BEGIN TO Know when the importance of seeking advice when treatment may not be in the best interests of a child - BEGIN TO Know about appropriate therapeutic intervention in symptom control - BEGIN TO Be aware of the ethical issues in therapeutic intervention in children with life-limiting conditions - BEGIN TO Know about local opportunities for respite care, including hospice availability - Know the tests for brain stem death - BEGIN TO Recognise loss and grief and their effects on the health and well-being of children, families and professionals - Be aware of local bereavement support services - Recognise the skills and experience of other professionals, acknowledge personal needs for support and the needs of other professionals involved in the care of the dying child for support networks - Understand the need for respect of the wishes of the child or your person particularly when these are different from those of the family and health professionals 	<p>CbD, miniCEX, MRCPCH</p>	<p>1</p>
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Respiratory Medicine with Ear, Nose and Throat	Assessment	GMP Domain
<p>Acute presentations: Sore throat and/or mouth</p> <ul style="list-style-type: none"> - Know the causes of these complaints - Know appropriate therapies <p>Acute presentations: Nose bleeds</p> <ul style="list-style-type: none"> - Know the common causes of nose bleeds <p>Acute presentations: Snoring and obstructive sleep apnoea</p> <ul style="list-style-type: none"> - Know some of the causes of snoring - Be aware of complications of this presentation - BEGIN TO Recognise when referral to an ENT surgeon is appropriate <p>Acute presentations: Earache</p>	<p>CbD, miniCEX, MRCPCH</p>	<p>1</p>

<ul style="list-style-type: none"> - Know the common causes and complications - Know the risk factors for otitis media with effusion - Recognise an abnormal ear drum - Recognise when to treat with antibiotics - Recognise when to refer to audiology specialists or an ENT surgeon <p>Acute presentations: Acute stridor</p> <ul style="list-style-type: none"> - Understand the potentially life-threatening nature of this condition - Know about allergic and infective causes e.g. epiglottitis, laryngotracheitis, retropharyngeal abscess, and foreign body - Recognise when to request help from a senior colleague - BEGIN TO Recognise children with existing chronic upper airway problems <p>Acute presentations: Acute severe asthma</p> <ul style="list-style-type: none"> - Be familiar with the British Thoracic Society guidelines for management - Be able to assess the severity of an asthma attack - Be able to institute appropriate emergency treatment - Recognise when more senior help is needed <p>Acute presentations: Lower respiratory tract infection (including pneumonia and bronchiolitis)</p> <ul style="list-style-type: none"> - Be familiar with the causes of respiratory tract infections - Know appropriate therapies - Be familiar with indicators of severity - Be able to initiate appropriate therapies - Be able to recognise patients requiring intensive care - Be able to recognise complications e.g. empyema 		
<p>Outpatient presentations: Asthma</p> <ul style="list-style-type: none"> - Be familiar with the British Thoracic Society guidelines for management of asthma - Know about the patterns of asthma and contributing factors - Know about the complications of long-term use of medications for asthma - Institute age-appropriate individualised management plan for asthma - Teach children how to use a peak flow meter and diary - Teach and assess inhaler technique 	CbD, miniCEX, MRCPCH	

<p>Outpatient presentations: Recurrent or chronic chestiness</p> <ul style="list-style-type: none"> - BEGIN TO Know the respiratory and non-respiratory causes, including chronic aspiration, of recurrent or chronic chestiness - BEGIN TO Know about predisposing conditions such as neuromuscular and skeletal disorders - Be aware of the role of bronchoscopy, pH studies and video-fluoroscopy <p>Outpatient presentations: Cystic fibrosis</p> <ul style="list-style-type: none"> - BEGIN TO Know and understand the pathophysiology and natural history of cystic fibrosis - BEGIN TO Understand the principles of treatment - Work with a multi-disciplinary team, particularly physiotherapy and dieticians 		
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13 Psychiatry competencies

The following competences are to be acquired during the attachment to psychiatry. The assessment programme associated with psychiatry may be found in detail at: http://www.gmc-uk.org/GAP_submission_content_final_May.pdf_33162726.pdf but is outlined in brief (including the number of assessments that are to be performed) in the assessment section below.

Please see Section 19.4 for descriptions of the Core Psychiatry Training assessments as well as the indicative number of assessments for the Core Psychiatry Training placement.

<p>13.1 Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</p> <ul style="list-style-type: none"> • Presenting or main complaint • History of present illness • Past medical and psychiatric history • Systemic review • Family history • Socio-cultural history • Developmental history <p>By the end of ST1 the trainee should demonstrate the ability to take a history and perform an examination on an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders.</p>		
<p>13.1.1 Clinical history</p> <p>Knowledge Define signs and symptoms found in patients presenting with</p>	<p>Assessment methods</p> <p>ACE, mini-ACE,</p>	<p>GMP Domains</p> <p>1</p>

<p>psychiatric and common medical disorders</p> <p>Recognise the importance of historical data from multiple sources</p> <p>Skills Elicit a complete clinical history, including psychiatric history, that identifies the main or chief complaint, the history of the present illness, the past psychiatric history, medications, general medical history, review of systems, substance abuse history, forensic history, family history, personal, social and developmental history Overcome difficulties of language, physical and sensory impairment</p> <p>Attitudes demonstrated through behaviours Show empathy with patients. Appreciate the interaction and importance of psychological, social and spiritual factors in patients and their support networks</p>	<p>CbD, MCQ, CASC Mini-ACE, CBD</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CASC</p>	<p>1</p> <p>1</p>
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13.1.2 Patient examination, including mental state examination & physical examination	Assessment Methods	GMP Domains
<p>Knowledge Define the components of mental state examination using established terminology Recognise physical signs and symptoms that accompany psychiatric disorders Recognise and identify the different types of mental distress and their phenomenology</p> <p>Skills Perform a reliable and appropriate examination including the ability to obtain historical information from multiple sources, such as family and other members of the patient's social network, community mental health resources, old records Elicit and record the components of mental state examination Make a clear and concise case presentation Assess for the presence of general medical illness</p> <p>Attitudes demonstrated through behaviours Respect patients' dignity and confidentiality Acknowledge cultural issues Appropriately involve family members</p>	<p>ACE, mini-ACE, CbD, CP, CASC ACE, mini-ACE, CASC ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CbD, CASC CBD, CP, CASC ACE, mini-ACE, CBD, CASC</p> <p>ACE, mini-ACE, CASC ACE, mini-ACE, CBD, CASC ACE, mini-ACE, CASC</p>	<p>1</p> <p>1</p> <p>1</p>

Demonstrate an understanding of the importance of working with other Health and Social Care professionals and team working	CbD, CP, CASC	
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Intended learning outcome 2
Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

By the end of CT1 the trainee should demonstrate the ability to construct a formulation on an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders		
13.2.1 Diagnosis	Assessment methods	GMP Domains
<p>Knowledge State the typical signs and symptoms of common psychiatric disorders including affective disorders; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; and organic disorders</p> <p>Skills Use the diagnostic system to accurately construct a differential diagnosis for common presenting problems</p> <p>Attitudes demonstrated through behaviours Respect patients' dignity and confidentiality</p> <p>Acknowledge cultural issues</p> <p>Appropriately involve family members</p>	<p>ACE, Mini-ACE, CbD, MCQ, CASC</p> <p>CbD, CP, MCQ</p> <p>ACE, mini-ACE, CASC ACE, mini-ACE, CBD, CASC ACE, mini-ACE, CASC</p>	<p>1</p> <p>1</p> <p>1</p>
13.2.2 Formulation	Assessment methods	GMP Domains
<p>Knowledge Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of common psychiatric disorders that affect adult patients</p>	CbD, CP, CASC	1

Intended learning outcome 3

<p>Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains.</p> <p>By the end of CT1 the trainee should demonstrate the ability to describe further investigations and negotiate treatment with an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders.</p>		
13.3.1 Individual consideration	Assessment methods	GMP Domains
<p>Knowledge Relevance of appropriate investigations in the setting of psychiatric illness</p>	ACE, Mini-ACE, CbD, MCQ, CASC	1
<p>Skills Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient</p>	ACE, Mini-ACE, CbD, CASC	1
<p>Attitudes demonstrated through behaviours Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan</p>	ACE, Mini-ACE, CASC	1
13.3.2 Investigation	Assessment methods	GMP Domains
<p>Knowledge Define the indications for the key investigations that are used in psychiatric practice</p>	CbD, CP, MCQ	1
<p>Skills Plan appropriate investigations</p>	ACE, Mini-ACE, CbD, CASC	1
<p>Attitudes demonstrated through behaviours Sensitive and clear interpretation of investigation results for both the patient and carers</p>	ACE, Mini-ACE, CASC	1
13.3.3 Treatment Planning	Assessment methods	GMP Domains
<p>Knowledge Show a clear understanding of the doctor/ patient relationship and its impact on illness and its treatment</p>	ACE, Mini-ACE, CbD, CP, MCQ, CASC	1
<p>Skills Accurately assess the individual patient's needs and</p>	ACE, Mini-ACE,	1

whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.	CbD, CP, MCQ, CASC	
Attitudes demonstrated through behaviours		
Show appropriate behaviour towards patients and their symptoms and be conscious of socio-cultural contexts	ACE, Mini-ACE, CbD, CASC	1
Clearly and openly explain treatments and their side-effects.	ACE, Mini-ACE, CbD, CASC	

Intended learning outcome 4		
Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies		
By the end of CT1, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for an adult patient with a common psychiatric disorder		
13.4.1 All clinical situations	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of risk assessment and management	ACE, Mini-ACE, CbD, CP, MCQ, CASC	1
Skills Comprehensively assess immediate and long-term risks to patients and others during assessment and treatment Routinely employ safe, effective and collaborative management plans	ACE, Mini-ACE, CbD, CP, CASC	1
Attitudes demonstrated through behaviours Maintain high standards of professional and ethical behaviour at all times.	ACE, Mini-ACE, CbD, CP, CASC, mini-PAT	1

13.4.2. Psychiatric emergencies for all specialties	Assessment Methods	GMP Domains
<p>Knowledge Apply the principles of risk assessment and management</p> <p>Shows awareness of child protection issues when addressing psychiatric emergencies. Has basic knowledge of child protection procedures</p> <p>Skills Resuscitation</p> <p>Attitudes demonstrated through behaviours</p>	<p>ACE, Mini-ACE, CbD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CbD, CP, MCQ, CASC</p> <p>DOPS, CASC</p>	<p>1</p> <p>1</p> <p>1</p>
13.4.3 Mental health legislation	Assessment Methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate an understanding of the contemporary mental health legislation and its local implementation with regard to assessment and treatment of patients, including mentally disordered offenders</p>	<p>ACE, Mini-ACE, CbD, CP, MCQ, CASC</p>	<p>1</p>
<p>Skills</p>		<p>1</p>
<p>Attitudes demonstrated through behaviours</p> <p>Act with compassion at all times</p>	<p>ACE, Mini-ACE, CbD, CP, CASC</p>	<p>1</p>

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

By the end of CT1, the trainee should demonstrate the ability to think in psychological terms about patients who have mental health problems and to foster therapeutic alliances

13.5.1 Psychological therapies	Assessment methods	GMP Domains
Knowledge		1
Skills Foster a therapeutic alliance with patients	ACE, Mini-ACE, CbD, CP, CASC, CBDGA	1
Attitudes demonstrated through behaviours Respond appropriately to supervision	CbD, CP, SAPE	1

Intended learning outcome 6

Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical assessment and management plan

By the end of CT1, the trainee should demonstrate the ability to properly record appropriate aspects of clinical assessments and management plans

13.6.1 Record keeping	Assessment methods	GMP Domains
Knowledge Demonstrate a knowledge of the relevance of contemporary legislation pertaining to patient confidentiality	ACE, Mini-ACE, CbD, CP, MCQ, CASC	1
Skills		1
Attitudes demonstrated through behaviours		

Complete case records and all forms of written clinical information in a consistent, timely and responsible fashion	CbD, CP, supervisors reports	1
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MANAGING LONG-TERM PSYCHIATRIC ILLNESS

<i>Intended learning outcome 7</i>
Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states
By the end of CT1, the trainee should be able to describe long-term severe and enduring mental illnesses and the issues involved in the care and treatment of people with these problems

13.7.1 Management of severe and enduring mental illness	Assessment methods	GMP Domains
Knowledge Define the clinical presentations and natural history of patients with severe and enduring mental illness Define the role of rehabilitation and recovery services Define the concept of recovery Define the concept of quality of life and how it can be measured	CbD, CP, MCQ, CASC ACE, Mini-ACE, CbD, CP, MCQ, CASC ACE, Mini-ACE, CbD, CP, MCQ, CASC ACE, Mini-ACE,	1
Skills		1
Attitudes demonstrated through behaviours Treat each patient as an individual Demonstrate an appreciation of the effect of chronic disease states on patients and their families Demonstrate an appreciation of the impact of severe and enduring mental illness on patients, their families and carers	ACE, Mini-ACE, CbD, CP, CASC ACE, Mini-ACE, CbD, CP, MCQ, CASC ACE, Mini-ACE, CbD, CP, MCQ, CASC	1

Demonstrate an appreciation of the importance of co-operation and collaboration with primary healthcare services, social care services, and non-statutory services	ACE, Mini-ACE, CbD, CP, MCQ, CASC	
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1. Communicator

DESCRIPTION: Psychiatrists facilitate effective therapeutic relationships with patients, families and carers. This is essential for effective clinical practice including diagnosis and decision-making. They enable patient-centred therapeutic communication through shared decision making and effective dynamic interactions with patients, families, carers, other professionals and other important individuals. The competencies of this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding and facilitating a shared plan of care

COMMUNICATION SKILLS

<i>Intended learning outcome 8</i>
Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances
By the end of the attachment in psychiatry the trainee should demonstrate the ability to competently conduct clinical interviews with patients

14.1.1 Within a consultation	Assessment methods	GMP Domains
Knowledge		
Demonstrate a knowledge of how to structure the clinical interview to identify the patients concerns and priorities, their expectations and their understanding	ACE, Mini-ACE, CbD, CP, MCQ, CASC	3
Demonstrate a knowledge of how and when to telephone a patient at home	ACE, Mini-ACE, CbD, CP, CASC	
Be aware of limits of your expertise	ACE, Mini-ACE, CbD, CP, CASC	
Skills		
Demonstrate interviewing skills, including the appropriate initiation of the interview, the establishment of rapport, the appropriate use of open ended and closed questions, techniques for asking difficult questions, the appropriate use	ACE, Mini-ACE, CASC	3

<p>of facilitation, empathy, clarification, confrontation, reassurance, silence and summary statements</p> <p>Solicit and acknowledge expression of the patients' ideas, concerns, questions and feelings</p> <p>Understand the ways in which patients may communicate that are not directly verbal and have symbolic or unconscious elements</p> <p>Communicate information to patients in a clear fashion</p> <p>Appropriately close interviews</p> <p>Stay within limits of expertise</p> <p>Communicate both verbally and in writing to patients whose first language may not be English in a manner that they understand</p> <p>Be able to use interpreters and translators appropriately</p> <p>Be able to communicate using aids with those who have sensory impairments e.g. deafness</p> <p>Avoid jargon and use familiar language</p> <p>Give clear information and feedback to patients.</p> <p>Share information with relatives and carers when appropriate</p> <p>Use appropriate Information Technology (IT) skills</p>	<p>ACE, Mini-ACE, CASC CbD, CP, CBDGA</p> <p>ACE, Mini-ACE, CASC, mini-PAT</p> <p>ACE, Mini-ACE, CASC</p> <p>ACE, Mini-ACE, CbD, CP, Mini-PAT</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE, CbD, CP, CASC</p> <p>ACE, mini-ACE, CbD CASC</p>	
<p>Attitudes demonstrated by behaviours</p> <p>Demonstrate respect, empathy, responsiveness, and concern for patients, their problems and personal characteristics</p> <p>Demonstrate an understanding of the need for involving patients in decisions, offering choices, respecting patients' views</p>	<p>ACE, mini-ACE, CbD, CASC, CBDGA</p> <p>ACE, mini-ACE, CbD, CASC, mini-PAT</p>	<p>3</p>

Ensure that dress and appearance are appropriate to the clinical situation and patients' sensitivity	ACE, Mini-ACE, CASC	
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2. Collaborator

DESCRIPTION: Psychiatrists work in collaboration with many other professionals and agencies. They must therefore develop a thorough understanding of health and social care systems and demonstrate this consistently in their daily practice

<i>Intended learning outcome 9</i>
Demonstrate the ability to work effectively with colleagues, including team working
By the end of CT1, the trainee should demonstrate the ability to work effectively as a member of a mental health team.

15.1.1 Clinical teamwork	Assessment methods	GMP Domains
Knowledge		
Demonstrate an understanding of the roles and responsibilities of team members	CbD, CP, Mini-PAT, MCQ	3
Demonstrate an understanding of the roles of primary healthcare and social services	CbD, CP, MCQ	
Skills		
Communicate and work effectively with team members	CbD, CP, Mini-PAT	3
Attitudes demonstrated through behaviours		
Show respect for the unique skills, contributions and opinions of others	CbD, CP, Mini-PAT	3
Recognise and value diversity within the clinical team	CbD, CP, Mini-PAT	
Be conscientious and work cooperatively	CbD, CP, Mini-PAT	

3. Manager

DESCRIPTION: Psychiatrists are integral participants in healthcare organizations, organizing sustainable practices, making decisions

about allocating resources and contributing to the effectiveness of the service

<i>Intended learning outcome 10</i>
Develop appropriate leadership skills
By the end of CT1, the trainee should demonstrate the ability to take on appropriate leadership responsibility, for example by acting as rota coordinator

16.1.1 Effective leadership skills	Assessment methods	GMP Domains
Knowledge		
Demonstrate an understanding of the relationship between clinical responsibility and clinical leadership	CbD, CP, mini-PAT	3
Skills		3
Attitudes demonstrated through behaviours		
Display enthusiasm, integrity, determination and professional credibility	CbD, mini-PAT, supervisors report	3

TIME MANAGEMENT AND DECISION MAKING

<i>Intended learning outcome 11</i>
Demonstrate the knowledge, skills and behaviours to manage time and problems effectively
By the end of CT1, the trainee should demonstrate the ability to organise their work time in the context of a mental health service effectively, flexibly and conscientiously and be able to prioritise clinical problems

16.2.1 Time management	Assessment methods	GMP Domains
Knowledge		
Demonstrate a knowledge of which patient or tasks take priority	CbD, CP, mini-PAT, supervisors report	3
Skills		
Manage time effectively	Mini-PAT, supervisors report	3
Prioritise tasks, starting with the most important	Mini-PAT, supervisors report	
Work increasingly efficiently as clinical skills develop	Mini-PAT, supervisors report	

Recognise when to re-prioritise or call for help	Mini-PAT, CbD, supervisors report	
Attitudes demonstrated through behaviours Have realistic expectations of tasks to be completed Be willing to consult and work as part of a team	Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report	3
16.2.2 Communication with colleagues	Assessment methods	GMP Domains
Knowledge Write clinical letters, including summaries and reports Use e-mail, internet and the telephone. Communicate effectively with members of the multi-professional team Demonstrate a knowledge of how and when to telephone colleagues, including those in primary care	Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report	3
Skills Use appropriate language Select the most appropriate communication methods	Mini-PAT, supervisors report Mini-PAT, CbD, supervisors report	3
Attitudes demonstrated through behaviours Be prompt and respond courteously and fairly Show an appreciation of the importance of timely and effective use of all communication methods, including electronic communication Demonstrate awareness of the need for prompt and accurate	Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report Mini-PAT, CbD,	3

communication with primary care and other agencies	supervisors report	
Show courtesy towards all members of the Community Mental Health Team and support staff, including medical secretaries and clerical staff		

16.2.3 Decision making	Assessment methods	GMP Domains
Knowledge		
Demonstrate a good understanding of clinical priorities	Mini-PAT, CbD, CP, supervisors report	3
Skills		
Analyse and manage clinical problems	Mini-PAT, CbD, CP, supervisors report	3
Attitudes demonstrated through behaviours		
Be flexible and willing to change in the light of changing conditions	Mini-PAT, CbD, supervisors report	3
Be willing to ask for help	Mini-PAT, CbD, supervisors report	

16.2.4 Continuity of care	Assessment methods	GMP Domains
Knowledge		
Demonstrate an understanding of the relevance of continuity of care	Mini-PAT, CbD, CP, supervisors report	3
Skills		3
Attitudes demonstrated through behaviours		
Recognise the importance of punctuality and attention to detail	Mini-PAT, CbD, supervisors report	3
Show flexibility for cover of clinical colleagues	Mini-PAT, supervisors report	

Respond appropriately to requests when on-call	Mini-PAT, CbD, supervisors report	
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16.2.5 Complaints	Assessment methods	GMP Domains
Knowledge Show awareness of local complaints procedures	Mini-PAT, CbD, CP, supervisors report	3
Skills Appropriately manage dissatisfied patients, relatives and carers and anticipate potential problems	Mini-PAT, CbD, CP, CBDGA, supervisors report	3
Attitudes demonstrated through behaviours Act with honesty and sensitivity Be prepared to apologise if appropriate and accept responsibility Act in a prompt and decisive fashion	Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report Mini-PAT, CbD, supervisors report	3

<i>Intended learning outcome 12</i>
Demonstrate the ability to conduct and complete audit in clinical practice
By the end of CT1, the trainee should demonstrate participation in clinical governance work, including an awareness of the importance incident reporting and knowledge of relevant clinical guidelines

<i>Intended learning outcome 13</i>
To develop an understanding of the implementation of clinical governance
By the end of CT1, the trainee should demonstrate participation in clinical governance work, including an awareness of the importance incident reporting and knowledge of relevant clinical guidelines

16.3.1 Organisational framework for clinical governance and the benefits that patients may expect	Assessment methods	GMP Domains
Knowledge		

Demonstrate an understanding of the component parts of clinical governance	Supervisors report, MCQ	2
Show awareness of the advantages and disadvantages of clinical guidelines	Supervisors report, MCQ	
Show an appreciation of the importance of reporting serious and untoward incidents	Supervisors report, MCQ	
Skills		
Actively participate in a programme of clinical governance	Supervisors report, Mini-PAT	2
Aim for clinical effectiveness and best practice at all times	Supervisors report, Mini-PAT	
Attitudes demonstrated through behaviours		
Prepared to learn from mistakes and complaints	Supervisors report, MCQ	2
Receptive to the scrutiny of peers and colleagues	Supervisors report, Mini-PAT	

Health Advocate

DESCRIPTION: In addition to delivering excellent patient care psychiatrists are committed to promoting public understanding of mental health issues and social inclusion

Intended learning outcome 14
<i>To ensure that the doctor is able to inform and educate patients effectively</i>
By the end of CT1, the trainee should demonstrate the ability to advise patients about the nature and treatment of common mental illnesses, so the patient may be more able to participate in their treatment and the ability to advise patients about environmental and lifestyle factors and the adverse effects of alcohol, tobacco and illicit drugs

16.4.1 Educating patients about illness and its treatment	Assessment Methods	GMP Domains
Knowledge		

<p>Understand the impact of stigmatisation – relating to both mental and physical illness – and its impact on the care of patients</p> <p>Develop an awareness of how established practices may perpetuate and reinforce stigma</p> <p>Be aware of strategies to enhance patient understanding and potential self-management</p>	<p>ACE, Mini-ACE, CbD, CP, MCQ, CASC</p> <p>CbD, CP, MCQ</p> <p>ACE, Mini-ACE, CbD, MCQ, CASC</p>	4
<p>Skills</p> <p>Advises patients accurately and sensitively</p>	<p>ACE, Mini-ACE, CbD, MCQ, CASC</p>	4
<p>Attitudes demonstrated through behaviours</p> <p>Appreciate differing perspectives and beliefs with regard to illness</p>	<p>ACE, Mini-ACE, CbD, MCQ, CASC</p>	4
<p>16.4.2 Environmental and lifestyle factors</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate an understanding of factors that influence the aetiology and course of mental disorder, including social deprivation</p>	<p>ACE, Mini-ACE, CbD, MCQ, CASC</p>	4
<p>Skills</p> <p>Advise on environmental and lifestyle changes</p> <p>Work with other health and social care workers</p>	<p>ACE, Mini-ACE, CbD, CASC</p> <p>CbD, CP, Mini-PAT, CASC</p>	4
<p>Attitudes demonstrated through behaviours</p> <p>Be aware of potential personal prejudices</p>	<p>CbD, CP, Mini-PAT, CBDGA</p>	4
<p>16.4.3 Substance misuse</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate an understanding of the effects of alcohol and illicit drugs on health and psychosocial wellbeing</p> <p>Be aware of the link between risk and substance misuse</p>	<p>ACE, Mini-ACE, CbD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CbD, CP, MCQ, CASC</p>	4

Demonstrate an understanding of support services and agencies	ACE, Mini-ACE, CbD, CP, MCQ, CASC	
Demonstrate an understanding of legislation with regard to illicit drugs	ACE, Mini-ACE, CbD, CP, MCQ, CASC	
Skills		
Offer advice on the effects of alcohol and illicit drugs on health and psychosocial wellbeing	ACE, Mini-ACE, CbD, CASC	4
Use detoxification services	ACE, Mini-ACE, CbD, CP, MCQ, CASC	
Work with other agencies, including those in the non-statutory sector	ACE, Mini-ACE, CbD, MCQ, CASC	
Attitudes demonstrated through behaviours		
Provide non-judgmental help and support	ACE, Mini-ACE, CbD, CP, CASC	4

4. Scholar

DESCRIPTION: Psychiatrists engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need for Continuing Professional Development and model and facilitate this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate and contribute to the education of students, patients, colleagues and others

TEACHING AND EDUCATIONAL SUPERVISION

Intended learning outcome 15		
<i>To develop the ability to teach, assess and appraise</i>		
By the end of CT1, the trainee should demonstrate the ability to construct an effective learning plan		
16.5.1 The skills, attitudes, behaviours and practices of a competent teacher	Assessment methods	GMP Domains
Knowledge		

Demonstrate an understanding of the basic principles of adult learning	AoT, supervisors report, Mini-PAT	1
Skills Identify learning outcomes	AoT, supervisors report, Mini-PAT	1
Attitudes demonstrated through behaviours		1

18.5.2 Assessment	Assessment methods	GMP Domains
Knowledge Be aware of the necessary assessments that are required to progress	ACE, Mini-ACE, CbD, CP, MCQ, CASC AoT, supervisors report, Mini-PAT	1
Skills Undertake relevant assessments	ACE, Mini-ACE, CbD, CP, MCQ, CASC AoT, supervisors report, Mini-PAT	1
Attitudes demonstrated through behaviours Actively undertake relevant assessment	ACE, Mini-ACE, CbD, CP, MCQ, CASC AoT, supervisors report, Mini-PAT	1
16.5.3 Appraisal	Assessment methods	GMP Domains
Knowledge		1
Skills		1
Attitude demonstrated through behaviours		1

RESEARCH AND AUDIT

Intended learning outcome 16
<i>To develop an understanding of research methodology and critical appraisal of the research literature</i>
By the end of CT1, the trainee should demonstrate the ability to base their practice on best evidence

16.6.1 Research techniques	Assessment	GMP
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	methods	Domains
Knowledge		1
Skills		1
Attitudes demonstrated through behaviours		1
6-16b Evaluation and critical appraisal of research	Assessment methods	GMP Domains
Knowledge		1
Skills		1
Attitudes demonstrated through behaviours		
Strive to base your practice on best evidence	CBD, CP, supervisors report	1

5. Professional

DESCRIPTION: The social contract between psychiatrists, patients and society requires that all of the above are brought together through contemporary best practice, high ethical standards and exemplary personal behaviours

MAINTAINING TRUST

Intended learning outcome 17
<i>To ensure that the doctor acts in a professional manner at all times</i>
By the end of CT1, the trainee should demonstrate an understanding of the tensions that can exist in the doctor patient relationship, issues relating to confidentiality and the sharing of information, professional codes of practice and conduct and responsibility for personal health

16.7.1 Doctor patient relationship	Assessment methods	GMP Domains
Knowledge		4
Skills		4
Attitudes demonstrated through behaviours		
Adopt non-discriminatory behaviour to all patients and recognise their individual needs	CbD, Mini-PAT, CBDGA ACE, Mini-ACE,	4

Respect the patient's autonomy to accept or reject advice and treatment At all times be open and honest with patients and carers	CbD, CBDGA ACE, Mini-ACE, CbD, Mini-PAT	
16.7.2 Confidentiality	Assessment methods	GMP Domains
Knowledge Demonstrate an understanding of contemporary legislation and practice in relation to patient confidentiality	ACE, Mini-ACE, CbD, CP, Mini-PAT, MCQ	4
Skills Use and share patient information appropriately	CbD, CP, mini-PAT, CASC	4
Attitudes demonstrated through behaviours Respect the rights and limitations of patient confidentiality	ACE, Mini-ACE, CbD, CP, CASC	4
16.7.3 Consent	Assessment methods	GMP Domains
Knowledge Demonstrate an understanding of the components of informed consent, including suggestibility Demonstrate an understanding of the basis of capacity Demonstrate an understanding of the legal framework for capacity (e.g. Mental Capacity Act)	ACE, Mini-ACE, CbD, MCQ, CASC ACE, Mini-ACE, CbD, MCQ, CASC ACE, Mini-ACE, CbD, MCQ, CASC	4
Skills Give appropriate information in a manner which patients are able to understand, adapting techniques and materials according to need		4
Attitudes demonstrated through behaviours Continually respect the individual and fluid nature of consent		4
16.7.4 Risk management	Assessment methods	GMP Domains
Knowledge		

Demonstrate a knowledge of risk assessment and management		4
Skills		4
Attitudes demonstrated through behaviours		4
16.7.5 Recognise own limitations	Assessment methods	GMP Domains
Knowledge		
Demonstrate an appreciation of the extent of one's own limitations and when to ask for advice	ACE, Mini-ACE, CbD, Mini-PAT	4
Recognise the potential benefits of seeking second opinions in advance of problems arising	ACE, Mini-ACE, CbD, Mini-PAT	
Skills		4
Attitudes demonstrated through behaviours		
Be willing to consult and admit mistakes	ACE, Mini-ACE, CbD, Mini-PAT	4
Be prepared to accept clinical and professional supervision	ACE, Mini-ACE, CbD, Mini-PAT, supervisors report	
16.7.6 Probity	Assessment methods	GMP Domains
Knowledge		
Demonstrate understanding of professionally prescribed codes of ethical conduct and practice	CbD, CP, CBDGA, mini-PAT	4
Skills		4
Attitudes demonstrated through behaviours		
Behave at all times in accordance with contemporary standards of professional practice	CBDGA, mini-PAT, supervisors report	4
Demonstrate probity in relationships with pharmaceutical representatives and companies	Mini-PAT, supervisors report	
16.7.7 Personal health	Assessment methods	GMP Domains
Knowledge		
Demonstrate an understanding of and compliance with, the doctor's responsibilities to patients and the public	Supervisors report, MCQ	4

Demonstrate an understanding of occupational health services and support facilities for doctors	Supervisors report, MCQ	
Skills		
Recognise when to obtain advice and treatment for personal mental and physical health problems	Supervisors report, MCQ	4
Develop appropriate coping mechanisms for stress and be able to seek help if appropriate	Supervisors report, Mini-PAT	
Attitudes demonstrated through Behaviours		
Recognise personal health as an important issue	Supervisors report, MCQ	4
Recognise the manifestations of stress on self	Supervisors report, CBDGA	

MAINTAINING GOOD MEDICAL PRACTICE

<i>Intended learning outcome 18</i>		
To develop the habits of lifelong learning		
By the end of CT1, the trainee should demonstrate the ability to use learning opportunities to the greatest effect		
16.8.1 Maintaining good medical practice	Assessment methods	GMP Domain
Knowledge Maintain and use systems to update knowledge and its application to any aspect of professional practice	Supervisor report	4
Skills		4
Attitudes demonstrated through Behaviours Share evidence to facilitate modification of practice	Supervisors report	4
16.8.2 Lifelong learning	Assessment methods	GMP Domains
Knowledge Define and explain the rationale of CPD Demonstrate an understanding of the concept of a personal development plan	Supervisors report	4
Skills Recognise and use learning opportunities, reflect, appraise and, if necessary, change practice	Supervisors report	4
Attitudes demonstrated through Behaviours		

<p>Be at all times self-motivated and eager to learn</p> <p>Show a willingness to accept criticism and to learn from colleagues</p>	<p>Supervisors report Mini-PAT</p> <p>Supervisors report, Mini-PAT</p>	<p>4</p>
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17 Broad Based Training Teaching and learning methods

The framework will be delivered through a variety of learning experiences. Trainees will learn from practice, undertaking clinical skills appropriate to their level of training and within each separate specialty attachment.

Trainees will achieve the competences 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.

17.1 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. Examination preparation encourages the formation of self-help groups and learning sets.

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

- **17.2.1 Clinics in General Practice and within the defined specialties.** A clinic can be any activity involving care of patients in a scheduled manner (i.e. attending at an allocated time). Clinics can be experienced in each part of the proposed rotation including hospitals, day care facilities and the community. Patients self presenting with new problems, referred from another clinician or patients returning for review can be included. The clinic might be primarily run by a specialist nurse (or other qualified health care professionals). 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. As experience and clinical competence increase trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor. Whilst there remains some emphasis on numbers of patients seen in clinics in order to gain experience, it is recognised that numbers will vary according to specialty and complexity.

The competent doctor will be able to:

- assess the reason for the clinic review whether this is a patient self presentation or a referral from another clinician

- be able to focus on the issue(s) and any other important issues arising during the consultation in the allotted time
- explore the patient's ideas, expectations and concerns
- undertake focussed examination as required
- review investigation results and need for further investigations and / or referrals, and make secure arrangements for these
- explain the outcomes of the review to the patient (and any relevant relatives and carers) in a clear fashion, such that the patient can take forward any changes in the management plan, clarifying these as required before the consultation ends
- make relevant notes in appropriate health care records
- communicate the salient facts of the consultation to the referring clinician and other involved health care workers
- be prepared to undertake further actions outside of the scheduled care setting eg obtain results and act on them, further communications etc.

17.2.2 Inpatient care In the hospital based specialties trainees will have supervised responsibility for the care of in-patients. 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 as learning outcomes are achieved.

- Specialty-specific takes
- Post-take consultant ward-rounds
- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.
- Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
- 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.

17.3 Formal Postgraduate Teaching – The content of these sessions are 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.

Suggested activities include:

- A programme of formal regular teaching sessions to cohorts of trainees (e.g. a weekly core training hour of teaching)
- Case presentations
- Journal clubs
- Research and audit 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.

17.5 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
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

17.6 Formal Study Courses - Time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication courses.

18 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 trainee's portfolio

18.1 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.

18.2 Mid-point Review

This meeting between trainee and educational supervisor is regarded as mandatory 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.

18.3 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

19 Assessments:

Evidence of competence acquisition is essential to allow the trainee to progress. All trainees, therefore, are strongly advised to engage with the assessment process and maintain accurate records of the assessments undertaken. Within each six month component of the programme the trainee will undertake assessments using the assessment tools that have been developed by the respective Royal College for that specialty. The indicative number of assessments for each part of the programme is shown and is taken to be 50% of the numbers that would be required for a specialty trainee who is undertaking a full year of training in that specialty. This number should be regarded as a minimum not a maximum

An MSF should be undertaken in each six month period of the programme

In assessing the progress of any one trainee it is vital that the clinical supervisor has evidence that the trainee is engaging with the training process, that relevant workplace based assessments have been undertaken successfully, that adequate reflective learning has taken place and that the trainee has demonstrated learning of the healthcare process across traditional boundaries. This latter process should be enhanced by the recording of at least one anonymised case of a patient who has required care between specialties during each six month period.

19.1 GP placement Assessments: (These are designed to be used across whole GP programme)

Case Based Discussion (CBD), 3 in a six month placement

Consultation Observation Tool (COT) GP placement only or Mini Clinical Examination (Mini-CEX) secondary care placement only, 3 in a six month placement

Multi Source Feedback (MSF) 1 Cycle during the GP placement

Patient Satisfaction Questionnaire (PSQ) at least one in the GP placement

Direct Observation of Skills (DOPs) there are 8 mandatory skills that a GP has to demonstrate during the whole programme.

Learning Logs (LL) are the place where you record your learning and make reflective comments. These logs are sub classified into, Clinical Encounter, Professional Conversation, Tutorial, Reading, Course/Certificate, Lecture/Seminar, Out Of Hours session, Audit/Project, Significant Event Analysis, eLearning Session,

Clinical Supervisors Report (CSR) this is completed at least once, at the end of the placement but can be completed during the programme if necessary.

(Educators' Notes: these are for your educator to record items they wish to bring to your attention good or bad and are seen as formative input.)

All of these are fully explained in the handbook available at the following URL:
http://www.rcgp-curriculum.org.uk/nmrgcp/wpba.aspx#WPBA_Resources

19.2 Medicine:

Workplace-based assessments

- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Multi-Source Feedback (MSF)
- Case-Based Discussions (CbD)
- Patient Survey (PS)
- Acute Care Assessment Tool (ACAT)
- Audit Assessment (AA)
- Teaching Observation (TO)

These methods are described briefly below. More information about these methods including guidance for trainees and assessors is available in the ePortfolio and on the JRCPTB website www.jrcptb.org.uk. Workplace-based assessments should be recorded in the trainee's ePortfolio. The workplace-based assessment methods include feedback opportunities as an integral part of the assessment process, this is explained in the guidance notes provided for the techniques.

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 objective 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, administration staff, and other allied professionals. The trainee will not see the individual responses by raters, feedback is given to the trainee by the Educational Supervisor.

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 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.

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, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

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. Any doctor who has been responsible for the supervision of the Acute Medical Take can be the assessor for an ACAT.

Patient Survey (PS)

Patient Survey address issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment (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.

Teaching Observation (TO)

The Teaching Observation form is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation 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).

Trainees should undertake at least 6 workplace based assessments (mini-CEX, CbD, ACAT) in the six month period in medicine of which at least 3 should be ACATs.

19.3 Paediatrics:

- a. **epaedMSF.** The Sheffield Peer Review Assessment Tool originally validated for everyday use in paediatrics has been adapted for every level of training and is now available electronically (ePaed MSF). This instrument is invaluable for assessing a trainee's performance over time, in everyday practice.

One to be performed during the paediatric attachment

- b. **MiniCex** The instrument developed for use in Foundation has been modified to map to paediatric assessment standard The instrument enables us to assess trainees in real patient encounters.

At least three to be performed during the paediatric attachment

- c. **CbD** The instrument developed for use in Foundation has been modified to map to paediatric assessment standard diagnosis and management of paediatric conditions. This instrument is especially useful for the value it offers of a trainee's clinical reasoning skills and the ability to bring an analytical approach to diagnosis and management of paediatric conditions.

At least two to be performed during the paediatric attachment

- d. **SAIL** *Sheffield Assessment Instrument for Letters (SAIL)* has been developed and validated for use in paediatrics. The instrument assesses the trainee's competences in written communication, over time.

- e. **Paed CCF** (Originally SHEFFPAT) has been developed and validated for paediatrics and seeks the views of parents and guardians about the care of their child.

Neither d nor e are required during the Broad based program but will be of interest to trainees pursuing a career in paediatrics

- f. **DOPs** Specific instruments had not been developed for paediatrics but those developed for Foundation were considered appropriate to assess most practical procedures.

Competence in practical procedures is critical in paediatrics and demonstration of this competence in a variety of procedures is mandatory

19.4 Psychiatry:

Assessment of Clinical Expertise (ACE) modified from the Clinical Evaluation Exercise (CEX), in which an entire clinical encounter is observed and rated thus providing an assessment of a doctor's ability to assess a complete case
At least one to be performed during the psychiatry attachment

Mini-Assessed Clinical Encounter (mini-ACE) modified from the mini-Clinical Evaluation Exercise (mini-CEX) used in the Foundation Programme, part of a clinical encounter, such as history-taking, is observed and rated.
At least two to be performed during the psychiatry attachment

Case Based Discussion (CbD) is also used in the Foundation Programme and is an assessment made on the basis of a structured discussion of a patient whom the Trainee has recently been involved with and has written in their notes.
At least two to be performed during the psychiatry attachment

Direct Observation of Procedural Skills (DOPS) is also used in the Foundation Programme and is similar to mini-ACE except that the focus is on technical and procedural skills.
No requirement

Multi-Source Feedback (MSF) is obtained using the Mini Peer **Assessment Tool (mini-PAT)**, which is an assessment made by a cohort of co-workers across the domains of *Good Medical Practice*.
One to be performed during the psychiatry attachment

Case Based Discussion Group Assessment (CBDGA) has been developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint-type groups) in Core Psychiatry Training.
At least one to be performed during the psychiatry attachment

Structured Assessment of Psychotherapy Expertise (SAPE) has been developed by the RCPsych to provide evidence of satisfactory completion of a psychotherapy case.
No requirement

Case Presentation (CP) developed at the RCPsych; this is an assessment of a major case presentation, such as a Grand Round, by the Trainee.
One to be performed during the psychiatry attachment

Journal Club Presentation (JCP) similar to CP, and also developed at the RCPsych, this enables an assessment to be made of a Journal Club presented by the Trainee.
One to be performed during the psychiatry attachment

Assessment of Teaching (AoT) has been developed at the RCPsych to enable an assessment to be made of planned teaching carried out by the Trainee, which is a requirement of this curriculum.
No requirement

Direct Observation of non-Clinical Skills (DONCS) has been developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

No requirement

Where no requirement is shown there is no necessity for a trainee in the Broad Based Training programme to undertake this assessment but these may be of interest for those wishing to pursue a career in psychiatry

20 Annual Review of Competence Progression

Every trainee needs to present evidence to a panel of deanery educationalists and a lay person via their e portfolio, that they are learning the competences defined within the Broad Based Programme curriculum. This is done by collecting evidence throughout the year by a mixture of work place based assessments. Trainees should will meet with their educational supervisor at least at the start and midway through each 6 months attachment and they will review your evidence and will make a recommendation regarding your progress to the panel.

This applies to every trainee throughout their training and the formal review will take place 2-3/12 before completing each year. If you are going to be on prolonged leave for whatever reason you need to complete a form before going on leave indicating the reason for your absence and the panel will then indicate this on the ARCP form.

Trainees must demonstrate satisfactory progress within each year. A certificate of satisfactory completion of the Broad Based Programme will not be issued unless you have satisfied the ARCP panel at the end of the second year of the programme. Without this trainees will not be able to progress into the specialty of their choice without a further training period. This further training cannot be guaranteed within the Broad Based Training Programme but each trainee will be governed by the regulations that were in force when their training began.

21 ARCP Decision aid

ARCP decision aid. To be used in close consultation with the overall Broad Based Training Framework to ensure that a trainee is making satisfactory progress

Appeals against any ARCP decision may be lodged initially with the training programme director. If a satisfactory decision is still not forthcoming the trainee

should be directed to the postgraduate dean's office for re-consideration of the ARCP outcome by the panel. This review should include input from with a trainer from outside of the deanery.

Assessment grid for the Broad Based Programme.

Where numbers of assessments are indicated the assessment should have been successful otherwise the assessment should be repeated and the results available for the Annual Review of Competence Progression. Although no formal assessments in the form of examinations are indicated trainees should be aware of the need to achieve success in the examinations that will be relevant to their future career. Information about all of the examinations is available on the relevant Royal College website and trainees are encouraged to undertake the examination of their choice as soon as feasible within their career. Acquisition of a pass in any of the college examinations is not, however, a pre-requisite to successful completion of the Broad based Programme.

General practice	Case based discussion x3	Consultation observation x3	MSF x1	Patient satisfaction questionnaire x1	Direct observation of skills (to assess the eight mandatory GP skills)	
Medicine	Case based discussion x1 or 2	Mini-CEX x1-2	MSF x1	Acute care Assessment tool x3	DOPs of basic practical procedures x4	
Paediatrics	Case based discussion x2	Mini-CEX x3	Epaed MSF x1		DOPs of basic practical procedures x4	
Psychiatry	Case based discussion x2	Assessment of clinical expertise x1 Mini Assessment of clinical expertise x2	MSF x1	Case Based Discussion Group Assessment (CBDGA) x1	Case presentation x1	Journal club presentation x1

Broad Based Framework ARCP Decision Aid - standards for recognising satisfactory progress				
Curriculum domain	BBF first 6/12	BBF second 6/12	BBF third 6/12	BBF last 6/12
Educational Supervisor report(s)	Satisfactory with no concerns	Satisfactory with no concerns	Satisfactory with no concerns	Satisfactory with no concerns
ALS		Valid	Valid	Valid
Workplace Based Assessments (WPBAs)	<p>WPBAs should be performed proportionately throughout each training year and performed by a number of different assessors</p> <p>It is expected that a range of assessments will be used and structured feedback given to aid the trainee's personal development. For the MSF assessment replies should be received within a 3 month time window from a minimum of 12 raters including 3 senior doctors and a mixture of other staff (medical and non medical) for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)</p>			
	Number of WPBAs as per relevant specialty	Number of WPBAs as per relevant specialty	Number of WPBAs as per relevant specialty	Number of WPBAs as per relevant specialty
	MSF	MSF	MSF	MSF
Quality Improvement Project or Audit	1	1	1	1
Common Competencies	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that level of performance in this area of the curriculum is satisfactory
Specialty specific competences	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum
	It is expected that the appropriate specialty specific WPBAs will be used to assess workplace performance of these competencies			

Procedures	<p>Foundation procedural skills must be maintained</p> <p>Procedures should be evidenced by DOPS (initially training / formative and then assessment / summative to confirm competence where required).</p> <p>DOPS to be repeated until clinical independence (where required) is confirmed by assessor</p> <p>For potentially life-threatening procedures, at least 2 DOPS confirming competence are required from different assessors</p>	
Clinics (or equivalents)	Satisfactory performance in appropriate specialty clinics by the end of the Broad Based Program	<p>It is expected that performance in outpatients will be assessed using Mini CEX and COT, CbD. Reflective practice and patient survey are also recommended</p>
Overall teaching attendance	Satisfactory record of teaching attendance to include 75% attendance at the required teaching programme within the Deanery, or evidence of attendance at equivalent teaching events	<p>The requirements to attend teaching attendance should be specified on commencement of training</p>

22 Equality and Diversity

22.1 The Royal Colleges of General Practitioners, Paediatrics and Child Health, Psychiatry and Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation, such as the:

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998
- Equality Act 2010

The last of these covers discrimination in 9 separate areas:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

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

Deanery quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by the General Medical Council.

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;
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature;
- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a doctor).

All efforts shall be made to ensure the participation of people with a disability in training.

In order to meet its obligations under the relevant equal opportunities legislation, such as the Race Relations (Amendment) Act 2000, each of the Royal Colleges Examinations Departments and the panel of Examiners have adopted an Examination Race Equality Action Plan. This ensures that all staff involved in examination delivery will have received appropriate briefing on the implications of race equality in the treatment of candidates.

All Examiner nominees are required to sign up to the following statement in the Examiner application form "I have read and accept the conditions with regard to the UK Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, and the Disabilities Discrimination Acts of 1995 and 2005 as documented above."

In order to meet its obligations under the relevant equal opportunities legislation such as the Disability Discrimination Acts 1995 and 2005, the Royal Colleges Examinations departments have developed an Equality Discrimination Plan to deal with issues of disability.

These complement procedures on the consideration of special needs which have been in existence since 1999. The Examination Departments of the Royal Colleges have standard operating procedures to deal with the common problems e.g. Dyslexia/Learning disability; Mobility difficulties; Chronic progressive condition; Blind/Partially sighted; Upper limb or back problem; Repetitive Strain Injury (RSI); Chronic recurrent condition (e.g. asthma, epilepsy); Deaf/Hearing loss; Mental Health difficulty; Autism Spectrum Disorder (including Asperger Syndrome); and others as appropriate. The Committee supervising the introduction of the Broad Based Curriculum would be responsible for policy and regulations in respect of decisions on accommodations to be offered to candidates with disabilities.