Generic Curriculum for the Medical Specialties

Federation of the Royal Colleges of Physicians

Generic Curriculum for Medical Specialties

How to Use This Curriculum

Every physician in training needs to acquire a professional, moral and legal framework for practice, as described by the GMC's *Good Medical Practice*[1]. The purpose of this curriculum is to describe the generic competencies to be attained by all physicians in training in all medical specialties, in terms of the specific knowledge, skills and attitudes to be acquired.

The outcome of this training programme is a physician able to practise in a professional, ethical and patient-focused manner in accordance with *Good Medical Practice*.

This curriculum is for doctors training in Medicine, their tutors and Educational Supervisors. The training programme runs from entry into Core Medical Training to the award of a Certificate of Completion of Training (CCT). Trainees must have successfully completed a Foundation Programme and must have attained the core competencies outlined in the Foundation Curriculum[2].

This curriculum is set out as follows:

Section 1 - Rationale

The first section describes the background to the development of the curriculum, the structure of training, and the purpose of the curriculum in medical training.

Section 2 – Content of Learning

This is the syllabus section of the curriculum, describing the knowledge, skills and attitudes that trainees need to learn.

Section 3 – The Learning Process

This section discusses the model of learning and the learning for the training programme.

Section 4 – Assessment Strategy

This section outlines the systems for assessment of competence for the curriculum.

Section 5 – Trainee Supervision and Feedback

This section recommends how a trainee should be supervised during the training programme and how feedback on learning should be given.

Section 6 – Curriculum Implementation

This section discusses how the management and implementation of the curriculum within training programmes will be achieved.

Section 7 – Curriculum review

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

Section 8 – Equality and Diversity

This section describes how the curriculum complies with anti-discriminatory practice.

Section 1 - Rationale

This curriculum defines the competencies, which trainees must acquire to deliver moral, legal and professional practice of Medicine in the 21st century. These competencies are transferable, if required, to pursue other postgraduate training pathways, in accordance with the principles of Modernising Medical Careers.

1.1 – What are Generic Competencies ?

'Generic competencies' are the knowledge, skills, attitudes and behaviours required by physicians in all medical specialties to practise effectively. Doctors are guided on the professional conduct expected of them in the GMC publication *Good Medical Practice*[1]. Generic competencies are therefore based on *Good Medical Practice.*

Good Medical Practice also provides the framework for undergraduate education and the Foundation Programme Curriculum, and places patient safety at the core of these principles. The core competencies of the Foundation Programme, defined in Section 1 of the Foundation Curriculum[2], must have been attained before entry into Core Medical Training (CMT). The concepts defined in the Foundation curriculum should continue to be visited, reflected upon, and honed throughout physician training from Core Medical Training (CMT) to Specialty Training (ST). See Sections 1.2-Curriculum Development and 2-Content of Learning.

1.2 - Curriculum Development

A curriculum development group from the Federation of the Royal Colleges of Physicians and the Education Department of the Royal College of Physicians of London was established in 2005. The group had a broad UK representation and included trainees and laypersons. The main work of the group involved the definition of the style of the curriculum, the learning and assessment methods to be used, and the competencies to be achieved during training. A draft curriculum was then written and circulated to trainees' representatives, and medical Specialist Advisory Committees (SACs) for their input. All clinical members of the committee are teachers or trainees in postgraduate Medicine.

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

Examples include:

- Discussion at Colleges committees (Education, Training and Examinations Board, Council), all of which include trainee and lay representation
- Presentations to the Colleges' Specialist Advisory Committee (SAC) Chairs

- Discussions with trainee representative groups
- Feedback from information gathered via College newsletters and other written documents

This curriculum is patient-centred, trainee-focused and outcome-based, and is designed to provide quality assured physician training in the UK. As this curriculum is to be followed from CMT through to specialist training, a spiral approach has been adopted, as in the Foundation programme.

A spiral curriculum describes a learning experience that revisits topics and themes, each time expanding the sophistication of the knowledge, attitudes and decision-making regarding that topic[3]. This approach aids reinforcement of principles, the integration of topics, and the achievement of higher levels of competency.

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

1.3 - Training Structure

Entry into postgraduate training in Medicine is possible following successful completion of a Foundation Programme.

The training in Medicine is divided into two stages, however, and this curriculum runs across both stages of training:

Core Medical Training (CMT) This is a two-year training programme consisting of 4-6 month mainly in acute medicine and medical specialty placements. Trainees successfully completing CMT will have a solid platform in General Internal Medicine, with an emphasis on Acute Medicine, from which to continue into speciality training. Successful attainment of CMT competencies will be required to be eligible for entry into Specialty Training in any of the medical specialties.

Specialist Training (ST) in a medical specialty Following CMT, a trainee is allocated into one of the 26 medical specialties for further training, culminating in a CCT in that specialty. Attainment of the competencies defined in this Generic Curriculum for Medical Specialties will be essential for the award of a CCT in any of the medical specialties.

Section 2: Content of Learning details which competencies should be achieved by the end of each period of training.

1.4 - Relationship of Postgraduate Medical Curricula

The Generic curriculum spans training from entry into Core Medical Training, to the award of a CCT in a medical specialty, and so runs in conjunction with other medical curricula.

The following diagrams explain the relationship between different postgraduate medical training programmes and curricula. There are three diagrams: specialist training in General Internal Medicine (Acute Medicine) alone; dual training; and specialist training in specialty alone (after CMT).

CMT = Core Medical Training; ST = Specialist Training

Generic Level 1 = Mandatory Level 1 competencies of Generic Curriculum for Medical Specialties

Generic Level 2 = Level 2 competencies of Generic Curriculum for Medical Specialties

Diagram 1: Training in Acute and Internal Medicine alone

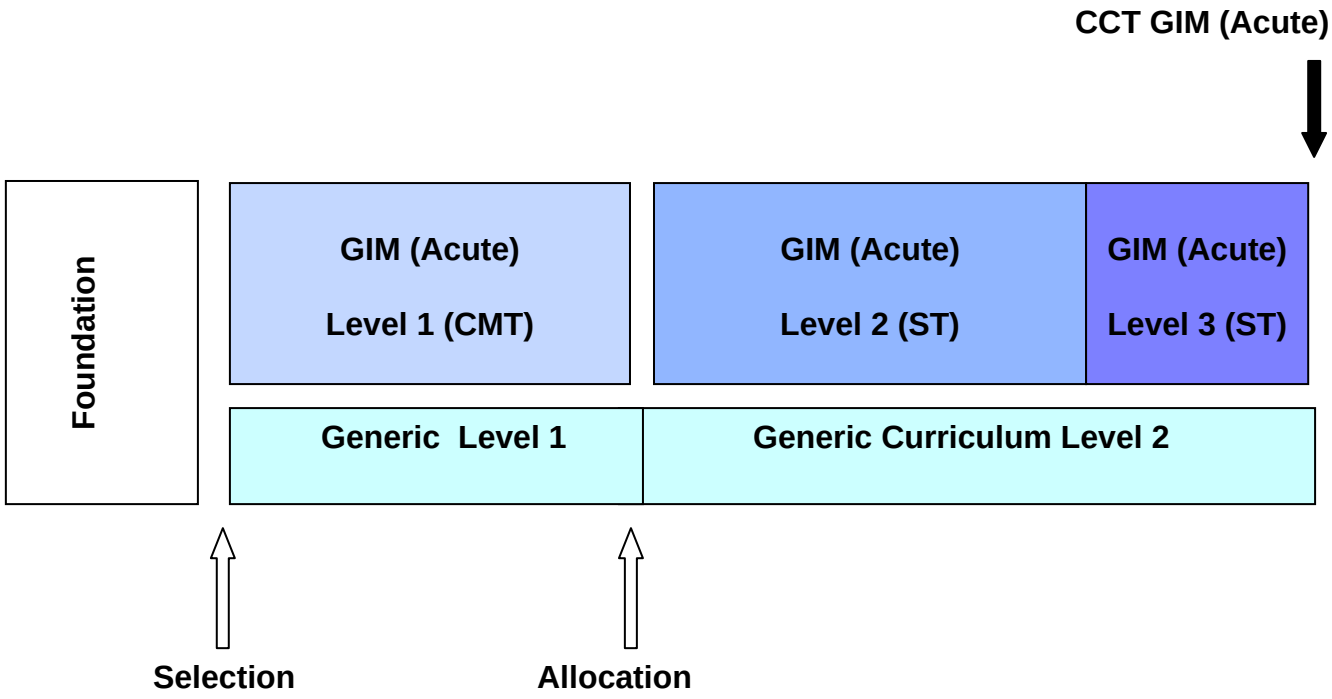


Diagram 2: **Training in GIM (Acute) and another medical specialty. The organisation of level 2 Specialist Training in GIM (Acute) within specialty training is the responsibility of the specialty SAC.**

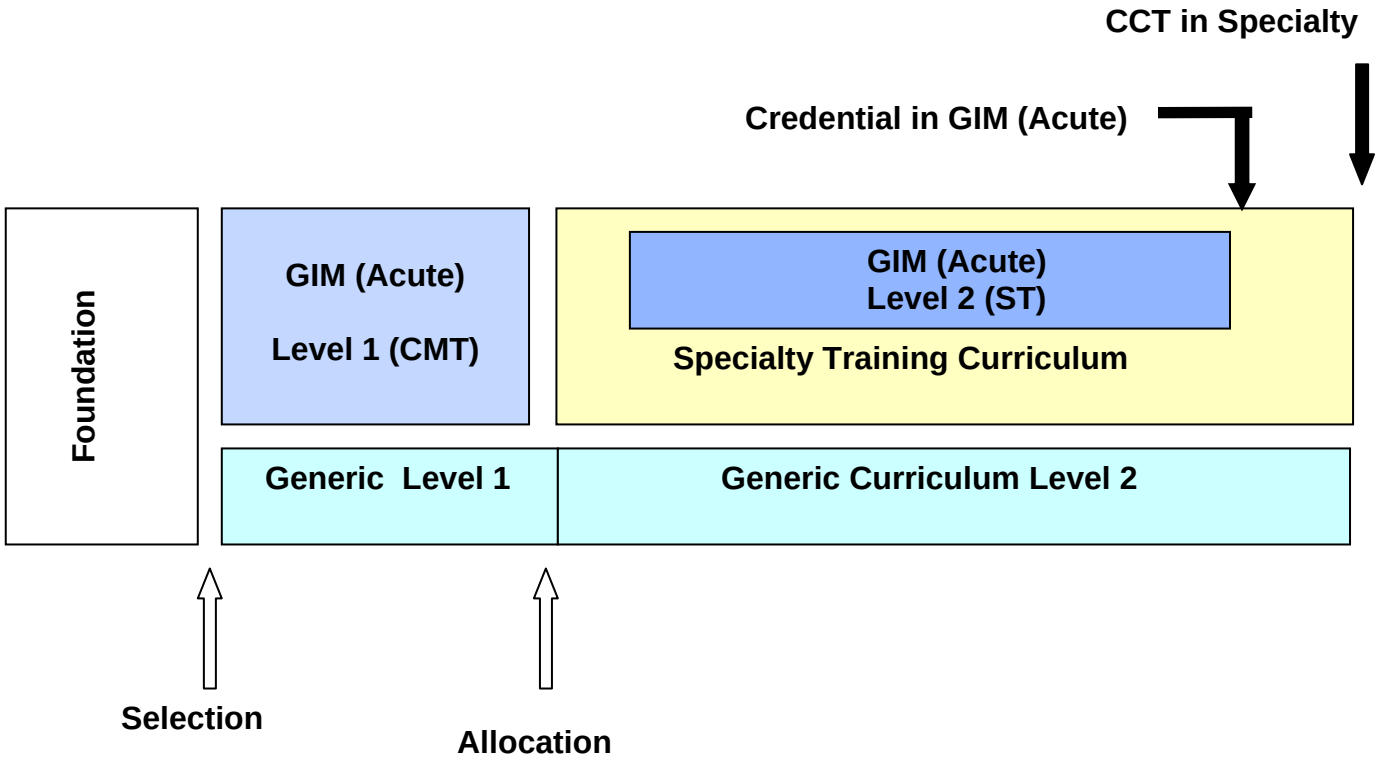
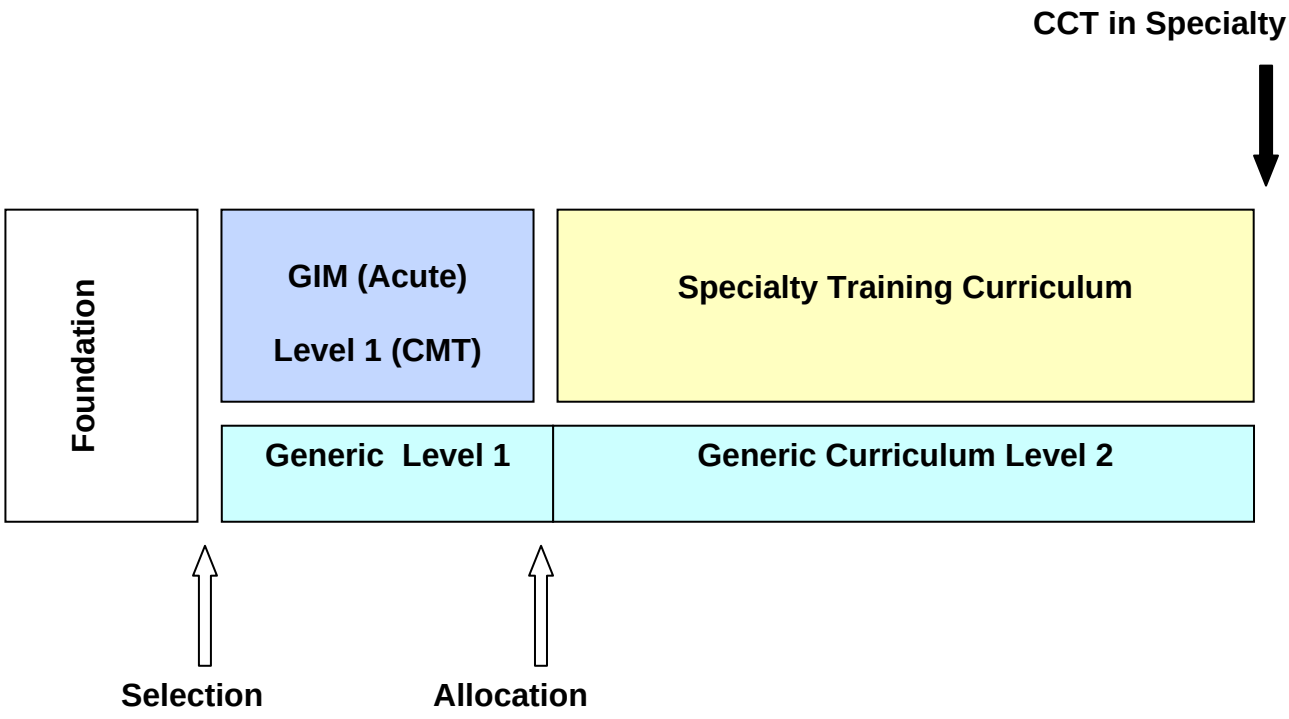


Diagram 3 **: Training in another medical specialty alone**



1.5 – Rotations

CMT: The two-year CMT programme will consist of 4 or 6 month placements in a variety of medical specialties but including experience in Acute Medicine. This should take the form of at least 12 months contributing to the acute medical take with ongoing exposure to unselected medical patients in an in-patient or out-patient environment. The programmes should be structured to fit the needs of the trainee, both in terms of training needs and career aspirations.

Specialty Training: The training structure for Specialist Training will vary between specialties and Deaneries. The minimum duration of training is defined by the individual SACs, and indicated in the different curricula.

Rotations will be set up around the needs of the trainee to progress with acquisition of competencies from both the Medical Curriculum, and this curriculum. This document should be considered to run in conjunction with the different medical curricula throughout training to CCT.

Section 2 – The Content of Learning

Doctors are guided on the professional conduct expected of them in the GMC publication *Good Medical Practice*[1]. This guidance provides the framework for undergraduate education and the Foundation Programme Curriculum, and places patient safety at the core of these principles.

The core competencies of the Foundation Programme, defined in Section 1 of the Foundation Curriculum[2], must have been attained before entry into Core Medical Training (CMT).

2.1 - The Spiral Curriculum

In keeping with the principles of a spiral curriculum, the competencies of knowledge, skills and attitudes should be maintained and built upon throughout training as they underpin the principles of Good Medical Practice. The concepts defined in this curriculum should continue to be visited, reflected upon, and honed throughout Physician training from Core Medical Training (CMT) to Specialty Training (ST) This principle underpins the ethos of effective life-long learning beyond ST. In this way an individual progresses from being 'competent' to becoming 'expert'.

2.2 - Building on Foundation training

The Foundation programme concentrates on providing new doctors with a sound moral and professional framework in which to practise. It is challenging to provide a further level of competence in what could already be described as best practice in some areas covered in the Foundation curriculum, for example note-keeping. Thus users of this curriculum are encouraged to review the Foundation Curriculum.

THE COMPETENCIES ATTAINED IN THE FOUNDATION PROGRAMME ARE TO BE MAINTAINED AND DEVELOPED DURING CORE MEDICAL TRAINING AND SPECIALTY TRAINING.

The Foundation competencies are listed again in this document where it improves understanding of the next level of competence. They are denoted by the symbol '𝔽 ' as the bullet preceding the competency. The entire list of Foundation competencies (and the specific knowledge, skills and attitudes underpinning them) is, however, not repeated in this document.

Changes to Foundation Curriculum Headings

There are additionally three broad topics discussed in this document that do not appear in the Foundation Curriculum:

1.7: Ethical Research
1.8: Management of Chronic Disease
Focus Area 7: Management and NHS Structure

Section 1.1iii of the Foundation Curriculum, Principles of Diagnosis and Clinical Reasoning, is not a separate focus area in this curriculum. Clinical reasoning is covered in Section 1.2-Time Management and Decision Making.

The section concludes with two clinical cases that illustrate the array of competencies required throughout a typical medical encounter.

2.3 Generic Competencies for Each Stage of Training

The competencies outlined in this section will be acquired at a different pace for each trainee.

There are however some domains in *Good Medical Practice* that a trainee must demonstrate sound performance in by the end of CMT. Therefore, there are certain competencies within these domains that a CMT trainee must have achieved by the end of CMT. These are called **Mandatory Level 1 Competencies**. Evidence of a trainee's attainment of these competencies will be stored in their training portfolio. A trainee will be unable to proceed into Specialist Training if there is poor performance in these areas.

Trainees in Specialist Training must continue to show they have retained competency in these areas, as described in their training portfolio. In addition, the ST trainee must demonstrate acquisition of further competencies in the domains of Good Medical Practice. These are called **Level 2 Competencies**.

A CMT TRAINEE WILL BE EXPECTED TO BE AWARE OF THE LEVEL 2 COMPETENCIES AND BEGIN GAINING EXPERIENCE IN THESE AREAS

Mandatory CMT Competency areas:

1.1	History Taking, Examination and Record Keeping Skills
1.2	Time Management and Decision Making Skills
1.3	Good Quality Care and Patient Safety
1.4	Infection Control
1.6ii	Valid Consent
3.1	Communication with Patients within a Consultation
Focus Area 4	Working with Colleagues
Focus Area 6	Professional Behaviour

Level 2 Competency areas:

1.5	Health Promotion and Public Health
1.6i	Medical Ethics and Public Health
1.6iii	Legal Framework for Practice
1.7	Ethical Research
1.8	Managing Long Term Conditions & Promoting Patient Self-Care
Focus Area 2	Governance and Maintaining Good Clinical Practice
3.2	Breaking Bad News
3.3	Complaints and Medical Error
Focus Area 5	Teaching and Training
Focus Area 7	Management and NHS Structure

2.4 - Links

There is considerable interlinking of different focus areas of this curriculum. Where appropriate, links are highlighted between associated focus areas within this document.

2.5 - Medical Professionalism

Many aspects of professional behaviour are outlined in *Good Medical Practice,* and the seven focus areas in this curriculum have an important role in medical professionalism. However, there is a need for doctors to appreciate that the changes in medical practice, the expectations of an ever more discerning public, and high profile cases of poor professional practice have shown the need for a new definition of the patient-doctor relationship[4]. All doctors must adopt a framework of values, behaviours and relationships that maintains the patient at the centre of care and establishes public trust. Focus area 6, *Medical Professionalism*, defines some concepts of medical professionalism that are not covered in the other focus areas.

2.6 - Patients, Carers and Relatives

The inclusion of carers and relatives in the provision of care for a patient is paramount. For reasons of clarity, this text only mentions patients. Where ‘patient’ is mentioned in the text, this also applies to carers, relatives, supporters and advocates of the patient, unless otherwise specified.

Focus Area 1 – Good Clinical Care

1.1 History taking, examination and record keeping skills

1.1i History Taking

Recall and build upon the competencies of the Foundation Curriculum

LINKS:

1.6 i Medical Ethics and Confidentiality

Focus Area 3 Relationships with Patients and Communication

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Identify and record risk factors for conditions relevant to mode of presentation
Skills	• Take a focused history in keeping with mode of presentation • Use skills to overcome barriers to communication e.g. use of interpreter and written information • Identify possible cultural or religious barriers to effective communication • Draw a close to a consultation appropriately • Manage alternative and conflicting views from family, carers and friends
Attitudes & Behaviour	• Fully address patients concerns, ideas and expectations • Respect patient confidentiality • Maintain cultural awareness and identity • Value patient comprehension • Recognise importance of a collateral history in certain situations e.g. unreliable history

1.1ii Examination

Recall and build upon the competencies of the Foundation Curriculum

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Describe the pathophysiological and anatomical basis for clinical signs
Skills	• Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient • Perform valid examination in more challenging situations (e.g. critical care setting, unconscious patient, distracting environment) • Assess mood and cognitive function as appropriate and apply this to interpretation of history
Attitudes & Behaviour	• Respect a patient's dignity and cultural background and other beliefs • Recognise importance of patient consent in context of examination • Demonstrate willingness and ability to teach junior and health worker colleagues sound examination technique

1.1iii Principles of Diagnosis and Clinical Reasoning

LINKS: Clinical reasoning competencies are outlined in Focus Area 1.2 – Time Management and Decision Making

1.1iv Therapeutics and Safe Prescribing

Recall and build upon the competencies of the Foundation Curriculum

LINKS:

1.3 Good quality care and patient safety

Acute & Internal Medicine Curriculum: Clinical Pharmacology

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Recall range of adverse drug reactions to commonly used drugs, including complementary medicines • Recall drugs requiring therapeutic drug monitoring and interpret results • Outline tools to promote patient safety and prescribing, including IT systems
Skills	• Undertake regular review of long term medications • Predict and avoid drug interactions, including complementary medicines • Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function) • Use IT prescribing tools to improve safety • Employ appropriate methods to improve patient concordance with medication • Provide effective explanation for the role of medicines
Attitudes & Behaviour	• Recognise the benefit of minimising number of medications taken by a patient • Appreciate the role of non-medical prescribers • Remain open to advice from other health professionals on medication issues • Recognise the importance of resources when prescribing, including the role of a Drug Formulary • Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care • Remain up to date with therapeutic alerts, and respond appropriately

1.1v Information Management

Recall and build upon the competencies of the Foundation Curriculum, including good note keeping and medical data management

LINKS:

1.6 i Medical Ethics and Confidentiality

1.6 iii Legal Framework for Practice

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Outline the local process for clinical coding and the role of coding in health funding • Outline the local systems for information retrieval, including IT systems • Define the provisions of the Data Protection Act and the Freedom of Information Act within the context of patient information
Skills	• Demonstrate good information management to others • Share written information of a patient's care appropriately by following local procedure • Retrieve investigation results in a timely manner and act upon result appropriately • Use local IT systems appropriately within the context of the data protection act
Attitudes & Behaviour	• Provide leadership for note keeping, referrals, letters and timely discharge summaries written by members of team • Recognise the patient safety and medico-legal impact of poor note keeping

1.2 Time management and decision making*

1.2 i Time Management

Recall and build upon the competencies of the Foundation Curriculum

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Outline techniques for improving time management • Recall how time is of use in patient diagnosis and management
Skills	• Delegate appropriately to ensure critical situations are addressed promptly • Prioritise and re-prioritise own work load and that of members of healthcare team • Delegate work load of an acute take appropriately
Attitudes & Behaviour	• Recognise when you or others are falling behind and take steps to rectify the situation

* In the Foundation Curriculum this section reads: Demonstrates appropriate time management and decision making

1.2 ii Decision Making and Clinical Reasoning

LINKS: 1.1 iii Principles of Diagnosis and Clinical Reasoning

2.2 Evidence based practice

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge

- List the drawbacks of commonly used guidelines
- Define the steps of diagnostic reasoning:
  - Interpret history and clinical signs
  - Conceptualise clinical problem
  - Generate hypothesis within context of clinical likelihood
  - Test, refine and verify hypothesis
  - Develop problem list and action plan
- Define the concepts of disease natural history and assessment of risk
- Recall methods and associated problems of quantifying risk e.g. cohort studies
- Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat
- Describe commonly used statistical methodology

Skills

- Interpret clinical features and interpret their reliability and relevance to clinical scenario
- Generate plausible hypothesis(es) following patient assessment
- Construct a concise and applicable problem list using available information
- Define the relevance of an estimated risk of a future event to an individual patient
- Use risk calculators appropriately
- Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient
- Search and comprehend medical literature to guide reasoning

Attitudes & Behaviour

- Recognise the difficulties in predicting occurrence of future events
- Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention
- Be willing to facilitate patient choice
- Show willingness to search for evidence to support clinical decision making
- Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning

1.3 Good Quality Care and Patient Safety*

LINKS:

1.1iv Therapeutics and Safe Prescribing

3.3 Complaints and Medical Error

Acute & Internal Medicine Curriculum: Clinical Pharmacology

1.3 i The Patient as Central Focus of Care

Recall and build upon the competencies of the Foundation Curriculum

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Outline health needs of particular populations e.g. ethnic minorities
Skills	• Give adequate time for patients to express ideas, concerns and expectations • Respond to questions honestly and seek advice if unable to answer • Encourage the health care team to respect the philosophy of patient focused care • Develop a self-management plan with the patient • Encourage patients to voice their preferences and personal choices about their care
Attitudes & Behaviour	• Support patient self-management • Recognise the duty of the medical professional to act as patient advocate

* In the Foundation Curriculum this section reads: Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety

1.3 ii Prioritisation of Patient Safety in Clinical Practice*

Recall and build upon the competencies of the Foundation Curriculum

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Recall and build upon the competencies defined in the Foundation Curriculum • Outline the features of a safe working environment • Recall the components of safe working practice defined in the Foundation Programme • Outline local procedures for optimal practice e.g. GI bleed protocol, safe prescribing • Recall principles of risk management • Recall side effects and contraindications of medications prescribed • Outline the hazards of medical equipment in common use
Skills	• Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so • Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly • Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit • Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention • Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately
Attitudes & Behaviour	• Continue to maintain a high level of safety awareness and consciousness at all times • Encourage feedback from all members of the team on safety issues • Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others • Continue to be aware of one's own limitations, and operate within them competently • Continue to strive for improved practice and patient safety

* In the Foundation Curriculum this section reads: Makes Patient Safety a Priority in own clinical practice

1.3 iii Teamworking and Patient Safety*

Recall and build upon the competencies of the Foundation Curriculum

LINKS: Focus Area 4 – Working with Colleagues and Collaboration

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge

- Outline the components of effective collaboration
- Describe the roles and responsibilities of members of the healthcare team
- Outline factors adversely affecting a doctor's performance and methods to rectify these

Skills

- Practise with attention to the important steps of providing good continuity of care
  - Accurate attributable note-keeping
  - Preparation of patient lists with clarification of problems and ongoing care plan
  - Detailed hand over between shifts and areas of care
- Demonstrate leadership and management in the following areas:
  - Education and training
  - Deteriorating performance of colleagues (e.g. stress, fatigue)
  - High quality care
  - Effective handover of care between shifts and teams
- Participate in interdisciplinary team meetings
- Provide appropriate supervision to less experienced colleagues

Attitudes & Behaviour

- Encourage an open environment to foster concerns and issues about the functioning and safety of team working
- Recognise and respect the request for a second opinion
- Recognise the importance of induction for new members of a team
- Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge

* In the Foundation Curriculum this section reads: Understands the importance of good teamworking for patient safety

1.3 iv Principles of Quality and Safety Improvement*

Recall and build upon the competencies of the Foundation Curriculum

LINKS: 2.3 Audit

1.4 Infection Control

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Define local and national significant event reporting systems • Outline local health and safety protocols (fire, manual handling etc) • Outline the use of patient early warning systems to detect clinical deterioration • Keep abreast of national patient safety initiatives[5] including National Patient Safety Agency[6]
Skills	• Contribute to quality improvement processes (e.g. unit mortality meetings)
Attitudes & Behaviour	• Show willingness to participate in safety improvement strategies

* In the Foundation Curriculum this section reads: Understands the principles of quality and safety improvement

1.3 V Medical Harm and Errors*

LINKS: Medical Harm competencies are outlined in Focus Area 3.3 Complaints and Medical Error

1.4 Infection Control*

Recall and build upon the competencies of the Foundation Curriculum

LINKS: General Internal Medicine (Acute Medicine) Curriculum: Infectious Diseases

1.3 iv Principles of Quality and Safety Improvement

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge	• Outline the principles of infection control defined by the GMC[7] • Outline the principles of infection prevention in high risk groups (e.g. antibiotic use and Clostridium difficile) including antibiotics prescribing policy • List the principle notifiable diseases in the UK • Outline the role of the Consultant in Communicative Disease Control (CCDC)
Skills	• Counsel patients on matters of infection control • Actively engage in local infection control methods • Prescribe antibiotics according to local antibiotic guidelines
Attitudes & Behaviour	• Encourage other staff to observe infection control principles

* In the Foundation Curriculum this section reads: Understands the needs of patients who have been subject to medical harm or errors, and their families

* In the Foundation Curriculum this section reads: Knows and applies the principles of infection control

1.5 Health Promotion and Public Health*

Recall and build upon the competencies of the Foundation Curriculum

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate awareness of these competencies

Knowledge	• Outline current UK screening programmes • Cite the determinants of health, including psychological, biological, social, cultural and economic factors
Skills	• Utilise opportunities for health promotion and disease prevention in patients • Counsel patients on the benefits and risks of screening • Recognise the interaction between mental and physical health
Attitudes & Behaviour	• Encourage appropriate screening to facilitate early intervention • Encourage effective team working in health promotion • Show willingness to remain well briefed in local or national outbreaks

* In the Foundation Curriculum this section reads: Understands and can apply the principles of health promotion and public health

1.6 Principles of Medical Ethics and Legal Issues*

LINKS: 1.1 i History
1.1 v Information management

1.6 i Medical Ethics and Confidentiality

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge	• Demonstrate a knowledge of the principles of medical ethics • Outline and follow the guidance given by the GMC on confidentiality[8] • Define the provisions of the Data Protection Act and Freedom of Information Act • Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research • Outline the procedures for seeking a patient's consent for disclosure of identifiable information • Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest • Recall the obligations for confidentiality following a patient's death • Recognise the problems posed by disclosure in the public interest, without patient's consent • Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices • Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment[9]
Skills	• Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team • Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation • Counsel patients on the need for information distribution within members of the immediate healthcare team • Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment
Attitudes & Behaviour	• Encourage ethical reflection in others • Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality • Respect patients' requests for information not to be shared, unless this puts the patients or others at risk of harm • Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information • Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment

* In the Foundation Curriculum this section reads: Understands and applies the principles of medical ethics, and of relevant legal issues

1.6 ii Valid Consent

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge

- Recall the principles of informed consent
- Outline the guidance given by the GMC on consent[10]
- Outline the principles of who is able to obtain consent
- Outline the situation of providing care without consent in an emergency
- Recall the concept of capacity including:
  - Principles of consent where capacity is fluctuating[9]
  - Proceeding with treatment in the event of mental incapacity, including the role of the courts and the relevant mental health legislation
- Outline the principles of advance directives
- List the factors to be considered when acting in a patient's 'best interests', including previous expression of preferences by the patient and views of patient's wishes provided by a third party
- List situations in which consent for treatment is not needed under common law
- List the factors that must be considered when obtaining consent for screening

Skills

- Seek a formal assessment of decision making capacity when appropriate
- Present all information to patients in a format they understand, allowing time for reflection on the decision to give consent
- Provide a balanced view of care options
- Obtain a second opinion on treatment options and explanations to patients when appropriate
- Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action

Attitudes & Behaviour

- Respect a patient's rights of autonomy, even in situations where their decision might put themselves at risk of harm
- Avoid exceeding the scope of authority given by a patient
- Avoid withholding information relevant to proposed care or treatment in a competent adult
- Respect a patient's withdrawal of consent
- Show willingness to seek advance directives
- Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity

1.6 iii Legal Framework for Practice

LINKS: 2.2 Evidence and Guidelines
1.3 Audit

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge

- Build on the knowledge gained during the Foundation Programme in the following medico-legal areas:
  - Child protection relevant to adolescent and adult practice
  - Mental health legislation: the powers to detain a patient and giving emergency treatment against patient's will under common law
  - Death certification and role of coroner / procurator fiscal
  - Advance directives and living wills
  - Withdrawing and withholding treatment
  - Decisions regarding resuscitation status of patients
  - Surrogate decision making such as Power of Attorney
  - Organ donation and retention and awareness of local procedures
  - Communicable disease notification
  - Medical risk and driving. Conditions to be reported by patients to the DVLA and responsibilities of doctors if patients do not
  - Data Protection and Freedom of Information Acts
  - Provision of continuing care and community nursing care by local authorities, including Section 47 National Assistance act
- Outline sources of medico-legal information
- Outline the process of discipline in the event of medical malpractice
- Outline the procedure to be followed when abuse is suspected

Skills

- Prepare a medico-legal statement for submission to the Coroner's Court and other legal proceedings
- Incorporate legal principles into day to day practice
- Practise and promote accurate documentation within clinical practice

Attitudes & Behaviour

- Show willingness to seek advice from the Healthcare Trust, legal bodies (including defence unions), and the GMC on medico-legal matters
- Promote reflection on legal issues by members of the team

1.7 Ethical Research*

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge	• Outline the GMC guidance on good practice in research[11] • Outline the differences between audit and research • Describe how clinical guidelines are produced • Demonstrate a knowledge of research principles • Outline the principles of formulating a research question and designing a project • Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods • Outline sources of research funding
Skills	• Develop critical appraisal skills and apply these when reading literature • Demonstrate the ability to write a scientific paper • Apply for appropriate ethical research approval • Demonstrate the use of literature databases • Demonstrate good verbal and written presentations skills
Attitudes & Behaviour	• Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate • Follow guidelines on ethical conduct in research and consent for research[12,13] • Show willingness to the promotion of involvement in research

* In the Foundation Curriculum this section reads: Understand and undertake good ethical research

1.8 Managing Long Term Conditions and Promoting Patient Self-Care

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge

- Describe the natural history of diseases that run a chronic course
- Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care
- Outline the concept of quality of life and how this can be measured
- Outline the concept of patient self-care

Skills

- Develop and agree a management plan with the patient ensuring comprehension to maximise self-care
- Develop and sustain supportive relationships with patients with whom care will be prolonged
- Provide effective patient education, with support of the multi-disciplinary team
- Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others
- Encourage and support patients in accessing appropriate information
    - Provide the relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible

Attitudes & Behaviour

- Show willingness to act as a patient advocate
- Recognise the impact of long term conditions on the patient, family and friends
- Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition
- Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care
- Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care
- Ensure appropriate equipment and devices are discussed:
    - Put patients in touch with the relevant agency from where they can procure the items as appropriate
    - Provide the relevant tools and devices when possible

Focus Area 2 – Governance and Maintaining Good Clinical Practice

2.1 Learning

Recall and build upon the competencies of the Foundation Curriculum

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge	• Outline the principles of adult learning theory • Define the principles of Continuing Professional Development[14]
Skills	• Identify gaps in knowledge and plan actions to fill them • Translate knowledge and new learning into practice • Maintain a portfolio of Continuing Professional Development (CPD) • Model and promote CPD within the multi-disciplinary team
Attitudes & Behaviour	• Strive to enhance professional competence with active involvement in CPD activities • Recognise the moral and professional obligation to maintain competence and be accountable • Reflect on all aspects of practice

2.2 Evidence and Guidelines

Recall and build upon the competencies of the Foundation Curriculum

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge	• Outline the advantages and disadvantages of guidelines • Describe the principles of critical appraisal • Outline the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)
Skills	• Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine • Appraise retrieved evidence to address a clinical question • Apply conclusions from critical appraisal into clinical care • Identify the limitations of research
Attitudes & Behaviour	• Keep up to date with national reviews and guidelines of practice (e.g. NICE[15] and SIGN[16]) • Aim for best clinical practice (clinical effectiveness) at all times • Recognise the occasional need to practise outside clinical guidelines • Encourage discussion amongst colleagues on evidence-based practice

2.3 Audit

Recall and build upon the competencies of the Foundation Curriculum

LINKS: 1.3 iv Principles of Quality and safety improvement

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate an awareness of these competencies

Knowledge	• Recall the role of audit (developing patient care, risk management etc) • Recall the steps involved in completing the audit cycle
Skills	• Design, implement and complete audit cycles • Contribute to local and national audit projects as appropriate (e.g. NCEPOD[17]) • Support audit within the multi-disciplinary team
Attitudes & Behaviour	• Recognise the need for audit in clinical practice

Focus Area 3 – Relationships with Patients and Communication

3.1 Within a Consultation

Recall and build upon the competencies of the Foundation Curriculum

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge

- Recall and build upon the competencies defined in the Foundation Curriculum:
  - Interview structure
  - Effective listening
  - Clarify information given by patient
  - Use comprehensible language tailored to patient
  - Use open and closed questions appropriately
  - Gauge patients' ideas, concerns, expectations and comprehension
  - Appropriate use of written materials and interpreters
  - Act in a courteous, polite and professional manner

Skills

- Demonstrate good communication skills to others in the team
- Manage patient follow-up effectively
- Accurately record details of discussions with the patient over care
- Identify and manage communication barriers while respecting confidentiality: language, cultural, hearing impairment, poor literacy etc

Attitudes & Behaviour

- Show willingness to provide patients with a second opinion
- Show willingness to identify other sources of information for patients (printed literature, support societies etc)
- Ensure the patient is well informed and central to the decision making process
- Be aware of significant others and recognise their role in the management of the patient with a long term condition

3.2 Breaking Bad News

Recall and build upon the competencies of the Foundation Curriculum

LINKS: 1.6 Medical ethics and legal issues

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate awareness of these competencies

Knowledge

- Recall and build upon the competencies defined in the Foundation Curriculum:
  - Interview structure
  - Normal bereavement process
  - Local transplant procedure
  - Understand and respect cultural differences in end of life care and bereavement
  - Select appropriate setting
  - Encourage questioning and ensure comprehension
  - Avoid undue optimism or pessimism
  - Act with empathy, honesty and sensitivity
- Outline the stages of bereavement

Skills

- Demonstrate to others good practice in breaking bad news
- Counsel families on issues of
  - Death and dying
  - Withdrawing and withholding life-prolonging treatment
  - Incapacity (such as follows disabling stroke)
  - Transplantation

Attitudes & Behaviour

- Take leadership in breaking bad news
- Respect the different ways people react to bad news

3.3 Complaints and Medical Error

Recall and build upon the competencies of the Foundation Curriculum

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate awareness of these competencies

Knowledge

- Recall and build upon the competencies defined in the Foundation Programme:
  - Awareness of local complaints procedure
  - Factors likely to lead to complaints (poor communication, dishonesty etc)
  - Adopt behaviour likely to prevent complaints
  - Deal with dissatisfied patients or relatives
  - Recognise when something has gone wrong and identify appropriate staff to communicate this with
  - Act with honesty and sensitivity in a non-confrontational manner
- Outline the principles of an effective apology
- Define the local complaints procedure
- Identify sources of help and support when a complaint is made about yourself or a colleague

Skills

- Contribute to processes whereby complaints are reviewed and learned from
- Explain comprehensibly to the patient the events leading up to a medical error
- Deliver an appropriate apology
- Distinguish between system and individual errors

Attitudes & Behaviour

- Take leadership over complaint issues
- Recognise the impact of complaints and medical error on staff, patients, and the National Health Service
- Contribute to a fair and transparent culture around complaints and errors
- Recognise the rights of patients, family members and carers to make a complaint

Focus Area 4 – Working with Colleagues

4.1 Communication with Colleagues and Collaboration

Recall and build upon the competencies of the Foundation Curriculum

LINKS: 1.3 iii Teamworking for patient safety

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge

- Outline the features of an effective comprehensive handover
- Identify the important roles played by all members of a multi-disciplinary team
- Outline features of good team dynamics
- Outline the principles of effective inter-professional collaboration to optimise patient, or population, care

Skills

- Establish effective communication with relevant teams by means appropriate to the urgency of a situation e.g. accurate written consultation letter
- Delegate to members of the medical team and members of the multi-disciplinary team whilst maintaining appropriate supervision
- Participate in, and co-ordinate, an effective hospital at night team
- Participate in, and co-ordinate, an effective hand over between shifts and the hospital at night team
- Take responsibility for accurate and prompt information distribution to primary care and community care following an admission or hospital visit
- Utilise the expertise of the multi-disciplinary team
- Ensure confidentiality is maintained during information distribution to other health care teams following admission or hospital visit
- Communicate effectively with administrative bodies and support organisations
- Employ collaborative negotiation to prevent and resolve conflict

Attitudes & Behaviour

- Foster a supportive and respectful environment where there is open and transparent communication
- Respect opinions and encourage open communication with all members of the multi-disciplinary team to improve learning and patient care
- Encourage an atmosphere of open communication within teams to improve patient care and learning
- Show willingness to participate in multi-disciplinary and multi-specialty team meetings

Focus Area 5 – Teaching and Training

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate awareness of these competencies

Knowledge	• Outline adult learning principles relevant to medical education:
	  o Identification of learning styles
	  o Construction of educational objectives
	  o Use of effective questioning techniques
	  o Varying teaching format and stimulus
	• Outline the structure of the effective appraisal interview
	• Differentiate between appraisal and assessment
	• Outline the workplace-based assessments in use
	• Outline the appropriate local course of action to assist the failing trainee

Skills	• Vary teaching format and stimulus, appropriate to situation and subject • Provide effective feedback after teaching, and promote learner reflection • Conduct effective appraisal • Demonstrate effective lecture, presentation, small group and bed side teaching sessions • Provide appropriate career advice, or refer trainee to an alternative effective source of career information • Participate in strategies aimed at improving patient education e.g. talking at support group meetings • Recognise the failing trainee
Attitudes & Behaviour	• Recognise the importance of the role of the physician as an educator • Demonstrate willingness to teach trainees and other health and social workers in a variety of clinical settings • Encourage discussions in the clinical settings to colleagues to share knowledge and understanding • Show willingness to participate in workplace-based assessments • Maintain honesty and objectivity during appraisal and assessment • Show willingness to take up formal tuition in medical education • Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour

Focus Area 6 – Professional Behaviour

Recall and build upon the competencies of the Foundation Curriculum

MANDATORY LEVEL 1 COMPETENCIES

ST trainees should be able to demonstrate retention of competency in these areas

Knowledge

- Recall and build upon the competencies defined in the Foundation Programme:
  - Deal with inappropriate patient and family behaviour
  - Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties
  - Adopt a non-discriminatory approach
  - Place needs of patients above own convenience
  - Behave with honesty and probity
  - Act with honesty and sensitivity in a non-confrontational manner
- Define the concept of modern medical professionalism[3]
- Outline the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, PMETB, Postgraduate Dean, BMA, specialist societies, medical defence organisations)

Skills

- Practise with[3]:
  - Integrity
  - Compassion
  - Altruism
  - Continuous improvement
  - Excellence
  - Respect of cultural and ethnic diversity
  - Regard to the principles of equity
- Work in partnership with members of the wider healthcare team
- Promote awareness of the doctor's role in utilising healthcare resources optimally
- Recognise and respond appropriately to unprofessional behaviour in others

Attitudes & Behaviour

- Recognise the need to use all healthcare resources prudently and appropriately
- Recognise the need to improve clinical leadership and management skill
- Recognise situations when it is appropriate to involve professional bodies
- Show willingness to act as a mentor and educator
- Participate in professional regulation
- Recognise the right for equity of access to healthcare for minority groups

Focus Area 7 – Management and NHS Structure

LEVEL 2 COMPETENCIES

CMT trainees should be able to demonstrate awareness of these competencies

Knowledge

- Outline the guidance given on Management and Doctors by the GMC[18]
- Outline the principles of:
  - Clinical coding
  - European Working Time Directive
  - National Service Frameworks
  - Health regulatory agencies (e.g. CHI, NICE, Scottish Executive)
  - NHS Structure and relationships
  - NHS finance and budgeting
  - Consultant contract and the contracting process
  - Resource allocation
  - The potential role of the Independent sector as providers of healthcare
- Describe the structure and function of the healthcare system as it applies to your specialty
- Outline the principles of appointment procedures and interview techniques

Skills

- Participate in managerial meetings
- Take an active role in promoting the best use of healthcare resources
- Employ new technologies appropriately, including information technology

Attitudes & Behaviour

- Recognise the importance of just allocation of healthcare resources
- Recognise the role of physicians as active participants in healthcare systems
- Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service

Examples of a Clinical Encounter Highlighting the Importance of Generic Competences

Clinical Case	Generic Competencies Required
A 50 year old gentleman presents to A&E with melaena. He is alert, with normal haemodynamic parameters. His wife is present.	Time management, prioritising
When his wife leaves the assessment areas he admits to drinking excessively for many years.	History taking Confidentiality Alcohol: safe levels, and effects
Examination reveals spider naevi and hepatosplenomegaly	Examination skills
A differential diagnosis is formed	Principles of diagnosis Communication to patient of concerns: check understanding and identify ideas and concerns
A management plan is formulated	Recognise local guidelines (GI bleed) Record keeping skills Good team working: inform nurses of monitoring requirements, liaise with senior and endoscopy team regarding need for endoscopy, Risk management: arrange safe transfer to appropriate nursing environment
Subsequently he is found to have a low haemoglobin of 7.4	Safe prescribing of blood products
The endoscopy team agree to perform a gastroscopy that afternoon	Consent
He was found to have oesophageal varices with evidence of recent bleeding that were treated successfully. Further tests revealed likely hepatic cirrhosis. A week later he is to be discharged home.	Safe prescribing: in liver impairment Health promotion: diet, alcohol Discharge Planning Communication with GP: admission, medications and follow up Communication with patient: ensure patient is aware of follow up plans Refer to alcohol support networks

Clinical Case	Generic Competencies Required
An 85 year old lady is admitted to A&E from a nursing home poorly responsive, tachypnoeic, hypotensive and febrile. She is unaccompanied but the nursing home records mention a history of Alzheimer's disease, renal impairment and a previous stroke. Her medications are furosemide, aspirin, laxatives, and ramipril.	Time management, prioritising
Examination reveals marked dehydration, cyanosis, crackles in the right lower zones on chest auscultation, and abdominal tenderness	Examination skills
A differential diagnosis is made	Clinical reasoning
A management plan is formulated, including initiating therapeutic measures to treat a suspected right lower lobe pneumonia and dehydration. She is sent to the Medical Admissions Unit.	Principles of therapeutics, safe prescribing in the elderly Recognise local guidelines (antibiotic choice) Record keeping skills Risk management: arrange safe transfer to appropriate nursing environment Good team working: inform nurses of monitoring requirements; brief MAU staff about case, inform senior colleague
The GP and nursing home are contacted to clarify the patient's background. Since her stroke the previous year she has mobilised with assistance of one and needed full assistance with activities of daily living. Her only relative is a niece, who she had failed to recognise in recent months. She was found to be MRSA positive in a nasal swab during her admission with a stroke.	Communication with primary care Infection control
Her investigations reveal: hypernatraemia, marked renal impairment, raised inflammatory markers, hypoxia, metabolic acidosis, right lower zone consolidation and positive urinalysis for blood, white cells and protein.	Clinical reasoning Medical ethics: decision to resuscitate in event of cardiorespiratory arrest
The niece arrives and immediately demands everything should be done to help her aunt.	Maintain patient as centre of care
After a long discussion, the niece agrees that escalation of care and intubation would be inappropriate.	Communication skills: breaking bad news
Despite fluids, oxygen and antibiotics she fails to improve after 12 hours	Care for the dying patient Good team work (hand over between shifts) Communication skills (with niece)
She passes away that evening	Death certification Role of Coroner Communication with GP

Section 3 – The Learning Process

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

3.1 – The Model of Learning

This section describes the model of learning appropriate to Generic Medical competencies.

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

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

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

For Core Medical Training and Specialty training:

- **Medical clinics including specialty clinics**. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor.
- **Unselected Acute Medical takes**
- **Specialty-specific takes**
- **Post-take consultant ward-rounds**
- **Personal ward rounds and provision of ongoing clinical care** on General or specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.
- **Consultant-led ward rounds.** Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
- **Specialist provision of clinical care** for patients on High Dependency Units and coronary care units (Specialist Training only)

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

Trainees have supervised responsibility for the care of 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 (see Section 5: Feedback and Supervision).

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. Many of these are organised by the Royal Colleges of Physicians. Suggested activities include:

- A programme of formal bleep-free regular teaching sessions to cohorts of trainees (e.g. a weekly CMT hour of teaching within a Trust)
- Case presentations
- Journal clubs
- Bedside teaching, such as training for the MRCP(UK) clinical exam, particularly covering problem areas identified by trainees. This may be timetabled or *ad hoc* teaching.
- 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 e.g. neurology, radiology, pathology, rheumatology
- 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. This programme should run on a three-year cycle.

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

- Preparation for assessment and examinations
- Reading, 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

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.

3.2 – Learning Experiences

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

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

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.

Learning in Formal Situations - There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians.

Personal Study - Time will be provided during training for personal study. It may be possible for longer periods of private study to be offered as part of study leave.

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

Examples are:

- Each trainee having a clinical supervisor for each attachment for work-based experiential teaching
- Specialty teaching in a clinical environment from a recognised specialist
- Structured teaching sessions e.g. communication skills

Section 4 – Assessment Strategy

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

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

An assessment blueprint will be developed which will map the assessment methods on to the curriculum in an integrated way. The blueprint will ensure that there is appropriate sampling across the curriculum. It is expected that the blueprinting exercise will have been completed by September 2006.

Section 5 – Trainee Supervision and Feedback

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

5.1 – Supervision

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

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

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

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

5.2 – Feedback

Frequent and timely feedback on performance is essential for successful work-based experiential learning. To train as a physician, a doctor must develop the ability to seek and respond to feedback on clinical practice from a range of individuals to meet the requirements of Good Medical Practice and revalidation.

The local education faculty will establish clear processes for feedback, with close liaison with designated Educational Supervisors.

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

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

This guidance emphasises the need for :

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

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

Section 6 – Curriculum Implementation

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

6.1 - Training Programmes

The organisation of training programmes for CMT, and specialist training in the medical specialties is the responsibility of Postgraduate Medical Deaneries.

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

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

6.2 - Intended Use of Curriculum by Trainers and Trainees

This curriculum, the *General Internal Medicine (Acute Medicine) curriculum*, the medical specialty curricula and learning portfolio are web-based documents which are available from the JCHMT (soon to be known as JRCPTB, the Joint Royal Colleges of Physicians Training Board) website.

Each trainee will be given copies of the curricula and portfolio upon enrolling as a Core Medical Trainee, or specialist trainee with the JRCPTB.

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

6.3 - Ensuring Curriculum Coverage

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

6.4 - Responsibilities of trainees

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

6.5 - Curriculum management

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

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

Section 7 – Curriculum Review

7.1 - The Curriculum Pilot

This curriculum (including assessments and portfolio), with the *General Internal Medicine (Acute Medicine) curriculum*, are to be piloted in one Deanery for CMT programmes between August 2006 and August 2007. These trainees will enter the CMT pilot having just completed pilot Foundation programmes.

The pilot evaluation will be conducted by the Education Department at the London Royal College of Physicians in collaboration with the members of the Federation of Royal Colleges of Physicians Curriculum Review Committee. The process will consist of direct contact with trainers, tutors, adminstrative staff, and members of the Deanery School of Medicine such as the CMT Programme Director.

7.2 - Curriculum evaluation and monitoring

The Federation of Royal Colleges of Physicians Curriculum Review Committee will oversee evaluation of this curriculum, the accompanying *General Internal Medicine (Acute Medicine) curriculum*, and the training portfolio. The curriculum should be regarded as a living document and the Committee will ensure that it will be able to respond swiftly to new developments. The outcome of these evaluations will inform the future development of the curriculum.

This Federation Committee will consist of representatives from the SAC for General Internal Medicine (Acute Medicine) and the sub-committee of JRCPTB responsible for CMT; lay persons; and trainees.

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

Evaluation of the curriculum will seek to ascertain:

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

Evaluation methods will include:

- Trainee questionnaire
- College representative and Programme Director questionnaire

- Focused discussions with Educational Supervisors, trainees, Programme Directors and Postgraduate Deans

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

7.3 - Trainee involvement in Curriculum Review

Trainee involvement in curriculum review will be facilitated through:

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

Section 8 – Equality and Diversity

The Royal Colleges of 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

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

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