SPECIALTY TRAINING CURRICULUM

FOR

HAEMATOLOGY

AUGUST 2010
(AMENDMENTS AUGUST 2012)

Joint Royal Colleges of Physicians Training Board

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1 Introduction

In the United Kingdom the specialty of haematology encompasses both clinical and laboratory practice hence haematologists are both pathologists and physicians.

A haematologist specialises in the diagnosis, treatment, prevention and investigation of disorders of the haematopoietic, haemostatic and lymphatic systems and disorders of the interaction between blood and blood vessel wall. These disorders may be primary blood disorders or the consequence of diseases in other systems. Haematology also includes transfusion medicine and paediatric haematology.

Haematologists are responsible for haematology laboratories including blood transfusion. They investigate, diagnose, treat and follow up patients in both out-patient and in-patient settings. As haematology patients maybe extremely ill with multi system problems, haematologists must have a sound general medical background. Haematologists work in close cooperation with many professional groups including laboratory clinical scientists, biomedical scientists, haematology specialist nurses, pharmacists, physiotherapists, dieticians and many professions allied to medicine. Care of haematology patients requires close liaison with other medical specialists such as microbiology, pathology, clinical oncology, palliative care, renal medicine, orthopaedic surgery, obstetrics and intensive care. The haematologist frequently contributes to the diagnosis and management of patients in both primary care and in other hospital specialities. A significant part of this contribution may be in the out of hours setting involving the management of patients who are seriously ill and in who haematological problems are a consequence of disease or disorders of other systems.

Haematologists may work in a variety of settings including district general hospitals, teaching hospitals, blood transfusion services or in highly specialised tertiary referral units such as paediatric or obstetric units.

2 Rationale

2.1 Purpose of the Curriculum

The purpose of this curriculum is to define the process of training and the competencies required for the award of a certificate of completion of training (CCT) in haematology. The CCT haematology specialist will have the competencies required to be able to work as a consultant within the National Health Service. Post CCT a haematologist will be in a position to develop further a sub- specialist interest within haematology.

This curriculum commences after completion of core training competencies (core medical training (CMT) or acute care common stem (medicine) ACCS(M) or basic paediatric competencies). It builds upon the competencies acquired during these programmes and from foundation years.

The curriculum covers training in all four nations of the UK.

2.2 Development

This curriculum was developed by the Specialty Advisory Committee for Haematology under the direction of the Joint Royal Colleges of Physicians Training Board (JRCPTB). It replaces the previous version of the curriculum dated May 2007 with changes to ensure the curriculum meets GMC's standards for Curricula and

Assessment, and to incorporate revisions to the content and delivery of the training programme. Major changes from the previous curriculum include the incorporation of leadership, health inequalities and common competencies.

The content of the curriculum and teaching and learning methods were determined by the Specialty Advisory Committee in Haematology, which includes clinical and academic haematologists, trainers/regional advisors from the UK deaneries, representatives from British Society of Haematology, British Blood Transfusion Society, and Royal College of Paediatrics and Child Health, Royal College of Physicians, Royal College of Physicians of Glasgow, Royal College of Pathologists, Haematology Trainees, the lead Dean representing COPMeD, the Chief Examiner for the FRCPath Haematology Examination and lay membership. Additional members include a representative of Clinical Scientists and an observer from the Royal College of Physicians of Ireland. The above membership includes haematologists covering the spectrum of the specialty of haematology

The curriculum subcommittee of the SAC reports to the SAC and is responsible for updating the curriculum content and assessment methods as necessary. This is an ongoing process of review and refinement. This process is one of continuous consultation with and feedback from representatives of consultant haematologists, specialty groups, trainers, trainees in haematology and lay representation as above.

2.3   Training Pathway

Specialty training in Haematology consists of core and higher speciality training. Core training provides physicians with: the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms; and with high quality review skills for managing inpatients and outpatients. Higher speciality training then builds on these core skills to develop the specific competencies required to practise independently as a Haematologists.

Core training may be completed in Core Medical Training, Paediatric Level 1 training or acute care common stem (medicine) ACCS(M). The full curriculum for specialty training in Haematology therefore consists of either:

- The Framework for CMT
Or
- The Framework for ACCS(M)
Or

- The Framework of Competencies for Level 1 Training in Paediatrics
Plus:
- This specialty training curriculum for Haematology.

Core Medical training programmes are designed to deliver core competencies as part of specialty training by acquisition of knowledge, skills and behaviours as assessed by the workplace-based assessments and the MRCP(UK). Programmes are usually for two years and are broad-based consisting of four to six placements in medical specialties. These placements over the two years must include direct involvement in the acute medical take. Trainees are asked to document their record of workplace-based assessments in an ePortfolio which will then be continued to document assessments in specialty training. Trainees completing core training will have a solid platform of common knowledge and skills from which to continue into Specialty Training at ST3, where these skills will be developed and combined with specialty

knowledge and skills in order to award the trainee with a certificate of completion of training (CCT).

There are common competencies that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career, for example communication, examination and history taking skills. These are initially defined for CMT and then developed further in the specialty. This curriculum supports the spiral nature of learning that underpins a trainee's continual development. It recognises that for many of the competences outlined there is a maturation process whereby practitioners become more adept and skilled as their career and experience progresses. It is intended that doctors should recognise that the acquisition of basic competences is often followed by an increasing sophistication and complexity of that competence throughout their career. This is reflected by increasing expertise in their chosen career pathway.

Completion of CMT or ACCS and acquisition of full MRCP (UK) will be required before entry into Specialty training at ST3 (2011 onwards).

The approved curriculum for CMT is a sub-set of the Curriculum for General Internal Medicine (GIM). A "Framework for CMT" has been created for the convenience of trainees, supervisors, tutors and programme directors. The body of the Framework document has been extracted from the approved curriculum but only includes the syllabus requirements for CMT and not the further requirements for acquiring a CCT in GIM.

For entrants to specialist training from a paediatric training route, successful completion of Level 1 Paediatrics training including the MRCPCH examination is a requirement.

	Selection	Selection	CCT after minimum of 84 months
FY2	Core Medical Training or ACCS or Level 1 training in Paediatrics	→	Haematology training
	MRCP/MRCPCH		FRCPath
	Work place based assessments →		
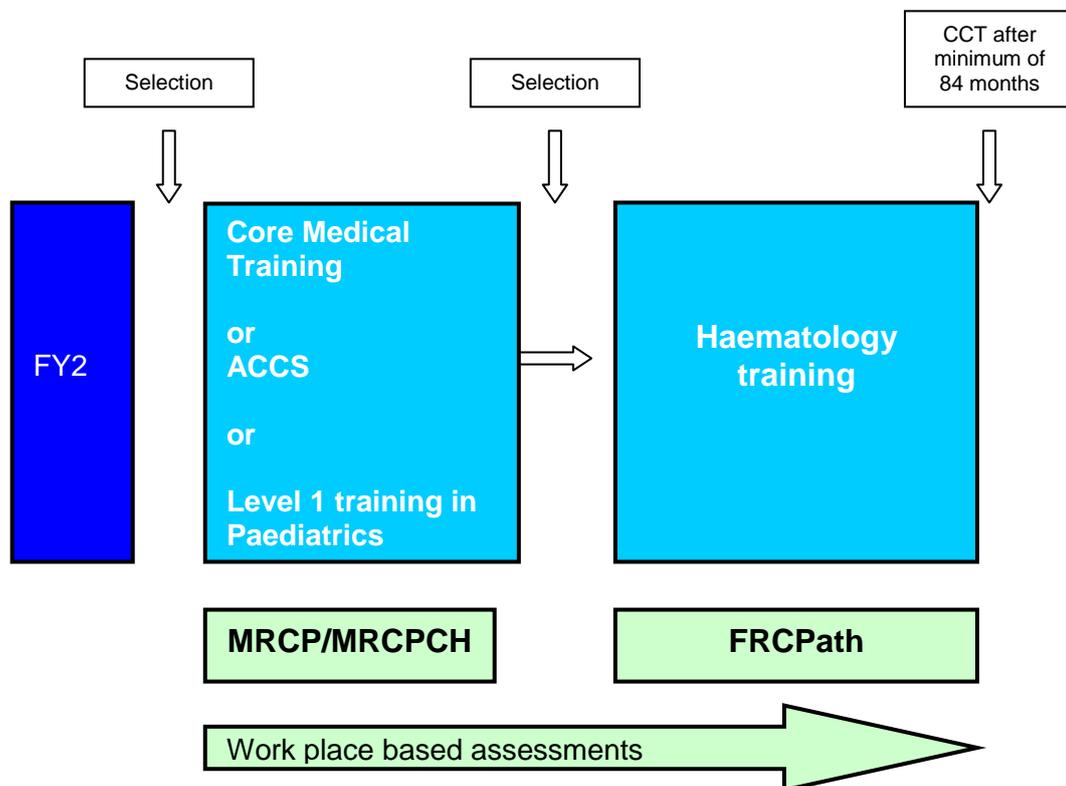
2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a CCT .Trainees can enrol online at www.jrcptb.org.uk

2.5 Duration of Training

Although this curriculum is competency based, the duration of training must meet the European minimum of 3 years for full time specialty training adjusted accordingly for flexible training (EU directive 2005/36/EC). The SAC has advised that the duration of haematology specialist training will be around 5 years from ST3. In the UK, specialists in haematology are both clinicians involved in direct patient care and haematology pathology laboratory practitioners; therefore specialist training covers both components, including training in transfusion medicine.

2.6 Less Than Full Time Training (LTFT)

Trainees who are unable to work full-time are entitled to opt for less than full time training programmes. EC Directive 2005/36/EC requires that:

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.
- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

The above provisions must be adhered to. LTFT trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

EC Directive 2005/36/EC states that there is no longer a minimum time requirement on training for LTFT trainees. In the past, less than full time trainees were required to work a minimum of 50% of full time. With competence-based training, in order to retain competence, in addition to acquiring new skills, less than full time trainees would still normally be expected to work a minimum of 50% of full time. If you are returning or converting to training at less than full time please complete the LTFT application form on the JRCPTB website www.jrcptb.org.uk .

Funding for LTFT is from deaneries and these posts are not supernumerary. Ideally therefore 2 LTFT trainees should share one post to provide appropriate service cover.

Flexible/less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed during annual appraisal by their TPD and chair of STC and Deanery Associate Dean for Flexible training. As long as the statutory European Minimum Training Time (if relevant), has been exceeded, then indicative training times as stated in curricula may be adjusted in line with the achievement of all stated competences

3   Content of Learning

3.1   Programme Content and Objectives

The curriculum sets out the general, professional and haematology specific content to be mastered by trainees to enable them to provide a clinical and laboratory haematology service as an independent specialist practitioner who will:

- Have an appropriate knowledge and understanding of haematological laboratory practice.
- Be skilled in the clinical techniques required for diagnosis and investigation in haematology practice.
- Have knowledge and understanding of diseases of the blood and bone marrow at a level which permits safe and holistic management of patients as an independent practitioner.
- Have knowledge of specialist areas within haematology such as paediatric haematology and blood transfusion sufficient for general haematology practice.
- Have appropriate attitudes and communication skills required for the practice of clinical haematology in dealing with patients and colleagues.
- Have management skills required for the running of an effective diagnostic haematology laboratory and clinical service.
- Have the qualities of an effective teacher, team worker and leader
- Have knowledge and understanding of clinical governance and audit, which underpin haematology practice.
- Have an understanding of the role of research in improvements in clinical practice,
- Recognise the need for continuing professional development and use life long learning for the maintenance of standards of practice.
- Engage with appraisal and revalidation
- Practise medicine in accordance with the General Medical Council document Good Medical Practice

The syllabus consists of 2 areas – the haematology specialty syllabus and the common competency syllabus (see section 10). The latter is cross linked to the haematology specialty syllabus tables through its named column.

The haematology syllabus is set out in modules of the different haematology areas in which competence should be achieved.
The introduction to laboratory haematology module aims to give the trainee sufficient understanding of laboratory haematology to safely offer advice on the interpretation of results under supervision, both during the routine working day and out of hours. This module should be completed as early as possible in the training programme and competencies obtained by the end of first year of haematology training. The remaining modules will be completed by the end of training.

3.2   Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at
http://www.gmc-uk.org/Framework_4_3.pdf_25396256.pdf

The Framework for Appraisal and Assessment covers the following domains:
Domain 1 – Knowledge, Skills and Performance

Domain 2 – Safety and Quality
Domain 3 – Communication, Partnership and Teamwork
Domain 4 – Maintaining Trust

The "GMP" column in the syllabus tables defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to "Knowledge, Skills and Performance" but some parts will also relate to other domains.

3.3   Common Competencies

The Academy of Medical Royal Colleges has developed a common competencies framework which is included in section 10.2 Medical leadership and health inequalities competencies are also incorporated within this section. These are important to all medical practitioners but the areas relating particularly to haematologists are indicated by a number and heading link in the "common competency" column of the haematology syllabus tables These common competencies will be developed to the levels indicated in the syllabus grid by the completion of haematology training.

4   Learning and Teaching

4.1   The Training Programme

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council (GMC) which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees Schools of Medicine and Pathology which are comprised of the regional Specialty Training Committees (STCs) in each specialty. Responsibility for the organisation and delivery of specialty training in Haematology in each deanery is, therefore, the remit of the regional Haematology STC. Each STC has a Training Programme Director who coordinates the training programme in the specialty.

Training will be undertaken in haematology training posts which:
- Include core and special interest haematology, including haematological oncology, stem cell transplantation, paediatric haematology, haemostasis and thrombosis and blood transfusion practice
- Allow the trainee exposure to the broad range of diseases of the blood and bone marrow, both primary and secondary to other systemic disease
- Permit haematology training in a range of different settings including tertiary referral , academic, District General Hospitals, Paediatric Haematology and Blood Transfusion Units
- Offer supervised "out of hours" experience

The first year of training will include a formal introduction to laboratory aspects of haematology and, alongside this, the presentation and management of haematological disorders. During subsequent training, under supervision, trainees will achieve the competencies required to be an independent haematologist both during the routine working day and out of hours.

The trainee will be expected to gain specific experience in blood transfusion, paediatric haematology, haematological stem cell transplantation and haemostasis and thrombosis. However, in relation to haemostasis and thrombosis, transfusion medicine and paediatric haematology, this should not be restricted to placement in

specialist units. The trainee should be involved routinely in the management of transfusion, bleeding and thrombosis in the working day and out of hours during most placements. Depending upon experience available locally, secondment to units in other training programmes may be advisable for trainees to achieve some competencies, for example for training in the diagnosis and management of haemoglobinopathies.

During training, a period of time will be spent in a District General Hospital. The duration will vary, but experience has shown that in order to achieve the necessary competencies this should be for a minimum of six months but not usually exceed two years. Training in the DGH environment may take place at any stage but the training received will be geared to the level of the trainee's previous experience.

Paediatric Haematology
In order to achieve all competencies in paediatric haematology, an attachment to a paediatric haematology unit is usually required.
Those wishing to pursue a career in paediatric haematology and who have achieved core competencies in paediatrics will normally spend around 2 years of their specialty training in haematology in a specialist paediatric centre to achieve the appropriate range of experience. Those wishing to pursue a career in paediatric haematology whose core competencies were achieved in adult medicine will be required to train in general paediatrics for around one year to achieve paediatric core competencies. This is in addition to around 5 years in haematology speciality training, including 2 years in paediatric haematology.

Acting up as a consultant (AUC)

"Acting up" provides doctors in training coming towards the end of their training with the experience of navigating the transition from junior doctor to consultant while maintaining an element of supervision.

Although acting up often fulfills a genuine service requirement, it is not the same as being a locum consultant. Doctors in training acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work. Doctors in training will need to follow the rules laid down by the Deanery / LETB within which they work and also follow the JRCPTB rules which can be found at
www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme.

4.2 Teaching and Learning Methods

The curriculum will be delivered through a variety of learning opportunities. Trainees will learn from practice clinical skills appropriate to their level of training and to their attachment within the department.

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.

Throughout training the trainee is expected to assume responsibility for self-assessment and reflection, continuing self-directed learning and maintenance of competence and to utilise all reasonable opportunities for gaining competencies

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

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

- Haematology clinics. Trainees will review patients in outpatient clinics, under supervision. The degree of responsibility taken by the trainee will increase as competency increases.

- Haematology consultant led ward-rounds. Every time a trainee observes another doctor seeing a patient or their relatives there is an opportunity for learning. Ward rounds should include feedback on clinical and decision-making skills.

- Personal ward rounds and provision of ongoing clinical care on haematology and other hospital wards, day units, out patients, or from referrals made through the laboratories. Every patient 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 and laboratory problems.

- Placements in the haematology laboratories provide essential opportunities for focussed practice in blood and bone marrow morphology, experience of analytical methodologies and data interpretation, quality assurance procedures, and laboratory management. Under supervision the trainee will evaluate and interpret investigations and provide clinical advice to colleagues in other disciplines. The degree of responsibility taken by the trainee will increase as competency develops, from observation, to supervised practice of increasingly complex cases.

- Multi-disciplinary team meetings are a routine part of haematology practice. Observation of, and interaction with colleagues (including clinical haematologists, nurses, clinicians in other disciplines such as histopathologists, radiologists, paediatricians and biomedical scientists) provides learning opportunities including development of clinical reasoning skills.

- Supervised on call experience allows trainees to develop skills required to manage patients appropriately when fewer diagnostic and treatment resources are available. Supervised on call allows immediate feedback to trainees and provides opportunities to develop competency in clinical reasoning and decision making skills including prioritising the degree of urgency of each investigation or treatment option being considered.

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.

Teaching medical undergraduates, junior colleagues in other specialties, biomedical scientists and other health professionals provides learning opportunities to the specialty trainee. Presenting at clinical, morphology and laboratory meetings and participation in journal clubs offers opportunity for in depth background reading as well as practice of critical thinking and communication skills

Formal Postgraduate Teaching – This occurs in and outside the haematology department. There are many opportunities throughout the year for formal teaching in local teaching sessions such as case presentations, research and audit projects, lectures and small group teaching, grand rounds, clinical skills demonstrations and teaching, critical appraisal, evidence based medicine and journal clubs.
Training programmes may be organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

The content of these sessions are determined by the local faculty of medical education and will be based on the curriculum.

Regional, national and international meetings, e.g. those organised by the Royal Colleges of Physicians and Pathologists or through National and International Specialist Societies such as the British Society of Haematology, often include high quality educational sessions. Attending at least one such meeting during the haematology specialty training programme is a reasonable expectation

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

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.
Local and external haematology courses serve as supplementary learning opportunities. They may include special interest courses in transfusion medicine, haemostasis and thrombosis, haematological morphology and others.

4.3   Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (eg entirely laboratory-based or strong clinical commitment), as well as duration (eg 12 month Masters, 2-year MD, 3-Year PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Upon completion of the research period the competencies achieved will be agreed by the OOP Supervisor, Educational Supervisor and communicated to the SAC, accessing the facilities available on the JRCPTB ePortfolio. The competencies achieved will determine the trainee's position on return to programme; for example if an ST3 trainee obtains all ST4 competencies then 12 months will be recognised towards the minimum training time and the trainee will return to the programme at ST5. This would be corroborated by the subsequent ARCP.

This process is shown in the diagram below:

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┌─────────────────┐          ┌─────────────────┐
│ OOPR Applicant  │          │ Deanery grant   │
│ seeks approval  │ ───────▶ │ time to go OOP  │
│ from Deanery    │          │                 │
└─────────────────┘          └─────────────────┘
                                       │
                                       ▼
┌─────────────────┐          ┌─────────────────┐
│ SAC decide on   │          │ OOPR Applicant  │
│ research content│ ◀─────── │ applies to JRCPTB│
│                 │          │ for OOP approval│
└─────────────────┘          └─────────────────┘
         │
         ▼
┌─────────────────┐          ┌─────────────────┐
│ OOPR Applicant  │          │ SAC decide how many│
│ obtains         │ ───────▶ │ competencies can be│
│ competencies    │          │ counted towards minimum│
│ whilst OOP      │          │ training time   │
└─────────────────┘          └─────────────────┘
                                       │
                                       ▼
                             ┌─────────────────┐
                             │ OOP applicant returns to│
                             │ programme at    │
                             │ appropriate competency│
                             │ level           │
                             └─────────────────┘
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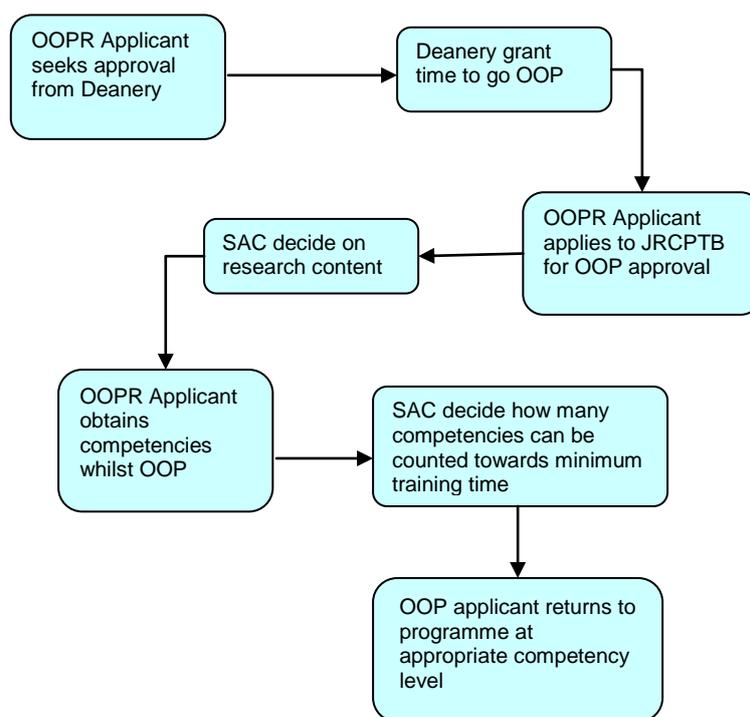
Funding will need to be identified for the duration of the research period. Trainees need not count research experience or its clinical component towards a CCT programme but must decide whether or not they wish it to be counted on application to the deanery and the JRCPTB.

A maximum period of 3 years out of programme is allowed and the SACs will recognise up to 12 months towards the minimum training times.

4.4 Academic Training

Selected academic programmes contain posts awarded for the UKCRC/MMC integrated academic training programme. This initiative integrates the development of academic skills with each of the key stages of a clinician's career (academic clinical fellows and academic clinical lecturers) http://www.nccrcd.nhs.uk/intetacatrain

Trainees following the integrated academic path (academic clinical fellow) will compete for an externally funded research grant and undertake a higher degree. They will then complete for an academic clinical lecturer post to complete academic and clinical training. Different but equivalent models apply in Scotland – SCREDS www.mmc.scot.nhs.uk/documents.htm, and in Wales – WACT www.mmcwales.org/wcat-academic-medicine

Academic integrated pathways to CCT are a) considered fulltime CCTs as the default position and b) are run through in nature. The academic programmes are CCT

programmes and the indicative time academic trainees to achieve the CCT is the same as the time set for non-academic trainees. If a trainee fails to achieve all the required competencies within the notional time period for the programme, this would be considered at the ARCP, and recommendations to allow completion of clinical training would be made (assuming other progress to be satisfactory). An academic trainee working in an entirely laboratory-based project would be likely to require additional clinical training, whereas a trainee whose project is strongly clinically oriented may complete within the "normal" time (see the guidelines for monitoring training and progress) http://www.academicmedicine.ac.uk/careersacademicmedicine.aspx. Extension of a CCT date will be in proportion depending upon the nature of the research and will ensure full capture of the specialty outcomes set down by the Royal College and approved by GMC.

All applications for research must be prospectively approved by the SAC and the regulator, see www.jrcptb.org.uk for details of the process.

5 Assessment

5.1 The Assessment System

The purpose of the assessment system is to:
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice*;*
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- Identify trainees who should be advised to consider changes of career direction.

The integrated assessment system comprises a range of workplace-based assessments and knowledge– based assessments. Individual assessment methods are described in more detail below.

Workplace-based assessments will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide trainees with formative feedback. They are not individually summative but overall outcomes from a number of such assessments provide evidence for summative decision making. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

5.2   Assessment Blueprint

In the syllabus tables (section 10) the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.3   Assessment Methods

The following assessment methods are used in the integrated assessment system:
Examinations
The FRCPath examination in haematology consists of:

- Part 1: An assessment of knowledge and clinical and laboratory judgement comprising 2 examination papers: Paper 1 [4 essays] and Paper 2 [125 multi-choice questions in best from five or extended matching question format]

- Part 2: An assessment of core clinical and laboratory skills [data interpretation and clinical judgement] in haematological morphology, haemostasis and thrombosis and transfusion medicine, and a structured oral examination.

Generally, trainees will attempt Part 1 after 18 months of training, and will be eligible to attempt Part 2 after a minimum of 12 months after success in the Part 1 examination.

Information about FRCPath haematology, including guidance for candidates, is available on the Royal College of Pathologists' website **www.rcpath.org** .A summary is given below:

- Workplace-Based Assessments
- Multi-Source Feedback (MSF)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-Based Discussion (CbD)
- Patient Survey (PS)
- 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.

Multisource 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 mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Direct Observation of Procedural Skills (DOPS)
A DOPS is an assessment tool designed to assess 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 and laboratory tests by trainees. The CbD should include discussion about a written record (such as written case notes, out-patient letter, discharge summary or laboratory result). A typical encounter might be when presenting newly referred patients in the out-patient department, presenting a case based around a laboratory investigation or discussing a case presenting out of hours.

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

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 who has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

5.4   Decisions on Progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the "Gold Guide" – available from www.mmc.nhs.uk). Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio.

The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.

5.5   ARCP Decision Aid: Haematology

	ST3	ST4	ST5	ST6 (PYA)	ST7
Examination			FRCPath part 1		FRCpath part 2
MSF	Satisfactory			Satisfactory	
DOPS	2 Supervised experience in bone marrow aspiration and trephine DOPS	2 Competent in bone marrow aspiration and trephine 2 Competent in intrathecal chemotherapy		1 Competent in bone marrow aspiration and trephine 1 Competent in intrathecal chemotherapy	
mini-CEX	Minimum of 2 satisfactory – to include Safe Prescribing	Minimum of 2 satisfactory – to include Consent	Minimum of 2 satisfactory – to include Breaking Bad News	Minimum of 2 satisfactory –	Minimum of 2 satisfactory
CbD	Minimum of 4 satisfactory including 2 based around laboratory tests	Minimum of 4 satisfactory including 2 based around laboratory tests and 1 emergency out of hours situation	Minimum of 4 satisfactory including 2 based around laboratory tests	Minimum of 4 satisfactory including 2 based around laboratory tests and 1 emergency out of hours situation	Minimum of 4 satisfactory including 2 based around laboratory tests
Common competencies	Competent in a number of common competencies proportional to total time of training from ST3 to CCT. Competent in all areas by final year ARCP (mini-CEX, CbD, MSF,PS, TO, AA)				
Events giving concern	The following events occurring at anytime may trigger review of trainees progress and possible remedial training: issues of professional behaviour; poor performance in workplace based assessments, FRCPath fail, poor MSF performance, issues				

	arising from a supervisors report, issues of patient safety.				
Supportive Evidence					
Educational and Clinical supervisors reports	satisfactory	satisfactory	satisfactory	satisfactory	satisfactory

5.6   Penultimate Year Assessment (PYA)

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as "PYA". Whilst the ARCP will be a review of evidence, the PYA will include a face to face component.

5.7   Complaints and Appeals

The Royal College of Pathologists has a complaints procedure and appeals regulations documented on its website which apply to the FRCPath examination.

All WPBA method outcomes must be used to provide feedback to the trainee on the effectiveness of the education and training where consent from all interested parties has been given. If a trainee has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at deanery level and deaneries are responsible for setting up and reviewing suitable processes. If a formal complaint about assessment is to be pursued this should be referred in the first instance to the chair of the Specialty Training Committee who is accountable to the regional deanery. Continuing concerns should be referred to the Associate Dean.

6   Supervision and Feedback

6.1   Supervision

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

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor. Supervisors will be consultant haematologists in NHS practice who have undergone appropriate training in the skills required for such roles. These include understanding the roles of educational and clinical supervisors, ARCP process, educational appraisal, assessment methods, and trainees in difficulty. Examples of such training includes college based training development programmes, deanery or postgraduate centre courses. This may be demonstrated by an educational training portfolio. Delivery of GMC compliant training will be ensured through local postgraduate medical education centres and deaneries.

The responsibilities of supervisors have been defined by GMC in the document "Operational Guide for the PMETB Quality Framework". These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

Educational Supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

Clinical Supervisor
A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

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

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

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

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

Mid-point Review
This meeting between trainee and educational supervisor is mandatory (except when an attachment is shorter than 6 months), but is encouraged particularly if either the trainee or educational or clinical supervisor has training concerns or the trainee has been set specific targeted training objectives at their ARCP. At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal
Trainees should review the PDP and curriculum progress with their educational or clinical 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.

7 Managing Curriculum Implementation

Haematology Training Programme Directors (TPD), along with Regional Specialty Advisors, deaneries' regional haematology specialty training committees (STC), educational and clinical Supervisors and trainees will together ensure local delivery of the curriculum.

The TPD is responsible to the STC, and manages the haematology training programme. The TPD works with STC and the regional speciality advisor to enable trainees to gain the relevant competencies and experience. The TPDs are members of the Specialty Advisory Committee in Haematology, which includes clinical and academic haematologists, trainers/regional advisors from the UK deaneries, representatives from British Society of Haematology, British Blood Transfusion Society, and Royal College of Paediatrics and Child Health, Royal College of Physicians, Royal College of Physicians of Glasgow, Royal College of Pathologists, Haematology Trainees, the lead Dean representing COPMeD, the Chief Examiner for the FRCPath Haematology Examination and lay membership
The TPD will support educational and clinical supervisors and be part of the ARCP panel. When trainees are running into difficulties the TPD will work with educational supervisors and identify remedial placements in the rotation.

Trainee feedback is through the deanery schools with representation on specialty training committees, the haematology SAC and via trainee surveys.

7.1 Intended Use of Curriculum by Trainers and Trainees

This curriculum and ePortfolio are web-based documents which are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

The educational supervisors and trainers can access the up-to-date curriculum from the JRCPTB website and will be expected to use this as the basis of their discussion with trainees. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

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

7.2 Recording Progress

On enrolling with JRCPTB trainees will be given access to the ePortfolio for haematology. The ePortfolio allows evidence to be built up to inform decisions on a

trainee's progress and provides tools to support trainees' education and development.

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

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

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

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

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

Reflections, assessments and other ePortfolio content should be linked to curriculum competencies in order to provide evidence towards acquisition of these competencies. Trainees can add their own self-assessment ratings to record their view of their progress. The aims of the self-assessment are:
- To provide the means for reflection and evaluation of current practice
- To inform discussions with supervisors to help both gain insight and assists in developing personal development plans.
- To identify shortcomings between experience, competency and areas defined in the curriculum so as to guide future clinical exposure and learning.

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

8   Curriculum Review and Updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis. The curriculum should be regarded as a fluid, living document and the SAC will ensure to respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review within the SAC. This will be informed by curriculum evaluation and monitoring. The SAC will have available:
- The trainees' survey, which will include questions pertaining to their specialty (GMC to provide)
- Specialty-specific questionnaires
- Reports from other sources such as educational supervisors, programme directors, specialty deans, service providers and patients.
- Trainee representation on the Deanery STC and the SAC of the JRCPTB
- Informal trainee feedback during appraisal.

Evaluation will address:
- The relevance of the learning outcomes to clinical practice
- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments in the course of training programmes
- Availability and quality of research opportunities
- Current training affecting the service

Evaluation will be the responsibility of the JRCPTB and GMC. These bodies must approve any significant changes to the curriculum.

Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula. In establishing specialty issues which could have implications for training, the SAC will produce a summary report to discuss with the NHS employers and ensure that conclusions are reflected in curriculum reviews.

Trainee contribution to curriculum review will be facilitated through the involvement of trainees in local faculties of education and through informal feedback during appraisal and College meetings.

The SAC will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

9   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
- Human Rights Act 1998
- Employment Equality (Age) Regulation 2006
- 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.

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

Compliance with anti-discriminatory practice will be assured through:
- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- Deaneries must ensure that educational supervisors have had equality and diversity training (at least as an e learning module) every 3 years
- Deaneries must ensure that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e module) every 3 years.
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. Deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- 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 physician). All efforts shall be made to ensure the participation of people with a disability in training.

10 Syllabus

The syllabus consists of 2 areas: the Haematology specialty syllabus tables and the Common Competency syllabus tables. The latter is cross linked to the haematology specialist syllabus via its named column.

10.1 Haematology Specialty Syllabus

The haematology syllabus is set out in modules of the different haematology areas in which competence should be achieved.

The introduction to laboratory haematology module aims to give the trainee sufficient understanding of laboratory haematology to safely offer advice on the interpretation of results, under supervision, both during the routine working day and out of hours. This module should be completed as early as possible in the training programme and competencies obtained by the end of first year of haematology training. The remaining modules will be completed by the end of training.

In the tables below, the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.2 for more details.

"GMP" defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.
The common competency column links to the generic, leadership and health inequalities competencies describes in section 10.2 that are integral to specific modules of haematology practice.

Syllabus Content

Haematology Specialty Syllabus

H 1 Introduction to Laboratory Haematology

This module must be completed within the first year of haematology training

Knowledge	Assessment Methods	GMP	Common Competency
This module must be completed within the first year of haematology training			
To achieve sufficient understanding of laboratory haematology to offer advice on the interpretation of results under supervision			
Gain basic knowledge of laboratory practice including laboratory management, organisation, health and safety and quality control. Be familiar with the routine and out of hours service provision of the laboratory	FRCpath part 1 CbD	1,2,3,4	**C9:** Principles of Quality & Safety Improvement
Explain the principles behind and appropriate use of automated blood counters including factors interfering with results	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Outline making and staining of peripheral blood films and setting up and use of the light microscope	FRCpath part 1 FRCpath part 2 CbD, DOPS	1	**C5:** Decision Making & Clinical Reasoning
Describe the use of different cytochemical stains	FRCpath part 1 FRCpath part 2 CbD	1	**C9:** Principles of Quality & Safety Improvement
Outline basic Blood Transfusion techniques (manual and automated), including blood group testing, antibody screening and cross-matching, understanding their principles and limitations	FRCpath part 1 FRCpath part 2 CbD	1	**C9:** Principles of Quality & Safety Improvement
Describe the techniques for coagulation testing including automation of coagulation tests and thrombophilia tests – understanding their principles and limitations	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Understands the tests used in the diagnosis of haemoglobinopathies	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Skills			
Works safely in the laboratory	MSF	1,2,3	**C9:** Principles of Quality & Safety Improvement
Interprets results generated from automated cell counters	FRCpath part 1 FRCpath part 2 CbD	1	C5: Decision Making & Clinical Reasoning
Analyses and interprets blood films and differential white cell count	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Recognises malignant haematological disorders, red cell abnormalities & malarial parasites	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning

Performs bone marrow aspiration and trephine biopsy with supervision. Prepares slides and trephine roll preparations.	DOPS	1,2,3	**C18:** Valid Consent
Interprets results of :- blood grouping, cross matching, direct antiglobulin test, and recognises clinically significant antibodies.	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Interprets results of PT, INR, APTT, Thrombin time, Fibrinogen assay and Fibrin D-dimer results	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Interprets thrombophilia testing results	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Recognises in the laboratory and advises on the initial management of common anaemias, acute and chronic leukaemia, myeloma and lymphomas	CbD	1,3	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Behaviours			
Recognises the importance of working with the laboratory staff and exhibits rapport with them	MSF	3	**C8:** Team Working & Patient Safety
Participates in liaison between laboratory and clinical staff	MSF	3	**C8:** Team Working & Patient Safety
Applies laboratory results to patient care	CbD	1	**C5:** Decision Making & Clinical Reasoning

H 2 Laboratory Haematology

To be competent in the practice of laboratory haematology.			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describes normal and abnormal peripheral blood film appearances	FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Describe the indications for and technique of performing bone marrow aspirate and trephine biopsies	CbD, DOPS	1	**C18:** Valid Consent
Define the indications for use and understands the results of specific cytochemical stains, immunophenotyping, cytogenetics and molecular investigations as applied to blood and bone marrow samples	FRCpath part 1 FRCpath part 2 CbD	1	**C21:** Evidence & Guidelines
Describe the laboratory investigation of haemolytic disorders including disorders of the red cell membrane, enzyme disorders, microangiopathic and immune haemolysis	FRCpath part 1 FRCpath part 2 CbD	1	**C21:** Evidence & Guidelines **C5:** Decision Making & Clinical Reasoning
Describe the appearances of haematological malignancies in the CSF	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Explain the principles, use and limitations of Point-of-Care testing	FRCpath part 1 FRCpath part 2 CbD	1	**C21:** Evidence & Guidelines

Explain the principles of laboratory management	FRCpath part 1 FRCpath part 2	1	**C9:** Principles of Quality & Safety Improvement **C25:** Management & NHS Structure
Skills			
Identifies and reports normal and abnormal peripheral blood films including those flagged as abnormal by BMS (biomedical scientists) or automated counter	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Accurately reports red cell, white cell and platelet abnormalities on blood films. Recognises malarial parasites on blood films and other parasites on blood films/bone marrow aspirates	FRCpath part 2 CbD	1	**C8:** Decision making & clinical reasoning
Performs bone marrow aspiration and trephine biopsy including preparation of slides and trephine rolls.	DOPS	1,2,3,4	**C18:** Valid consent
Interprets and reports bone marrow aspirate and trephine biopsies	FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Recognises and reports presence of malignant haematological cells in CSF	FRCpath part 2 CbD	1,2,3,4	C8: Decision making & clinical reasoning
Interprets results of investigations for haemolytic disorders	FRCpath part 2 CbD	1	C8: Decision making & clinical reasoning
Demonstrates familiarity with laboratory quality management, including internal and external quality control, EQA schemes, commercially available laboratory computer systems, staff performance management and appraisals	FRCpath part 2	1,2,4	**C9:** Principles of quality & safety improvement **C25:** Management & NHS Structure
Participates in the routine and out of hours provision of haematology management and advice	CbD, MSF	1,2,3	**C7:** Prioritisation of patient safety in clinical practice, C 8 – Team working & patient safety; **C5:** Decision Making & Clinical Reasoning
Behaviours			
Relates laboratory findings to the clinical picture and applies them to patient care	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Consults where necessary to obtain appropriate advice in reporting findings	MSF	1,3	**C8:** Team Working & Patient Safety
Communicates effectively with patients, GPs and other clinicians regarding abnormal laboratory results needing further investigation	FRCpath part 1 FRCpath part 2 CbD, MSF	1	**C15:** Communications with Colleagues & Co-Operation
Establishes rapport and understanding with laboratory staff	MSF	3	**C5:** Decision Making & Clinical Reasoning

H 3 Anaemia

Competence in the diagnosis and management of patients presenting with anaemia			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the aetiology and pathophysiology of anaemia including iron deficiency anaemia, megaloblastic anaemia, congenital and acquired haemolytic anaemia, haemoglobinopathies, anaemia of chronic disease.	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the haematological, biochemical and radiological techniques required for the investigation of anaemia	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Identify the underlying causes of anaemia	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Skills			
Selects and interprets investigations correctly to identify the causes of anaemia	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
On the basis of history, examination and laboratory results, formulates an appropriate management and treatment plan	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1	**C1:** History Taking **C2:** Clinical Examination **C5:** Decision Making & Clinical Reasoning
Communicates the investigations and diagnosis to the patient and their carers	mini-CEX	3,4	**C12:** Relationships with Patients & Communication within a Consultation
Behaviours			
Exhibits empathy, compassion and respect in discussing diagnosis and treatment	mini-CEX, MSF	1	**C12:** Relationships with Patients & Communication within a Consultation
Relates laboratory results to clinical practice	CbD	1	**C5:** Decision Making & Clinical Reasoning
Consults colleagues in other relevant specialties appropriately	FRCpath part 2 MSF	1,3	**C8:** Team working & Patient safety; **C15:** Communications with Colleagues & Co-Operation

H 4 Acute Leukaemia

Competence in the diagnosis and management of patients with acute leukaemia			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the presentation, natural history, pathogenesis and diagnosis of acute leukaemia in adults and children	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the classification and prognostic factors in acute leukaemia and the implications for therapy	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Define the principles of intensive and non intensive systemic therapy including chemotherapy regimens: the modes of action, side effects and interactions of agents used in the management of acute leukaemia.	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines
Describe the role of palliative care	FRCpath part 1 FRCpath part 2	1,3	**C15:** Communications with Colleagues & Co-Operation
Describe supportive care in management of acute leukaemia, including appropriate use of blood products, prevention and management of tumour lysis syndrome, prophylaxis and therapy with antimicrobial agents.	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines
Define the indications for autologous and allogeneic haematopoietic stem cell transplantation in the management of acute leukaemia	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Explain the use of trial protocols and importance of multicentre trials in acute leukaemia	FRCpath part 1 FRCpath part 2 CbD	1,3,4	**C20:** Ethical Research **C18:** Valid Consent
Explain ethical considerations of informed consent	mini-CEX, PS	1,3,4	**C12:** Relationships with Patients & Communication within a Consultation **C18:** Valid Consent
Skills			
Interprets presenting features and conducts history and examination competently	CbD, Mini-CEX	1	**C1:** History Taking **C2:** Clinical Examination
Uses appropriate laboratory investigations to establish diagnosis.	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Ability to discuss, formulate and implement an appropriate management plan in the setting of the multidisciplinary team.	CbD, Mini-CEX	1,3,4	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Communicates management options clearly to the patient and provides appropriate support and information to patients and their carers.	mini-CEX, PS	1,3,4	**C12:** Relationships with Patients & Communication within a Consultation

			C13: Breaking Bad News C 26: Palliative Care
Works as part of the MDT to prescribe and deliver systemic therapy regimens appropriately. Manages the side effects of treatment and complications of acute leukaemia	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	C8: Team Working & Patient Safety
Safely performs lumbar punctures for diagnosis & administers intrathecal chemotherapy	DOPS	1,2,3,4	C18: Valid Consent
Practices appropriate use of supportive therapies including blood products and antimicrobial agents	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	C3: Therapeutics & Safe Prescribing C10: Infection Control
Provides full explanation of appropriate clinical trials and obtains informed consent after discussion with patient, and carers. Collects trial data.	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,4	C17: Principles of Medical Ethics & Confidentiality C18: Valid Consent
Assesses suitability for stem cell transplantation. Explains use of transplantation and its limitations to the patient and carers clearly	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	C5: Decision Making & Clinical Reasoning C6: The patient as the Central Focus C12: Relationships with Patients & Communication within a Consultation C17: Principles of Medical Ethics & Confidentiality C18: Valid Consent
Successfully manages patients undergoing stem cell transplantation	CbD	1	C12: Relationships with Patients & Communication within a Consultation
Identifies complications of stem cell transplantation including post transplant viral syndromes and graft versus host disease and long term effects	CbD	1	C7: Prioritisation of Patient Safety in Clinical Practice C11: Managing Long Term Conditions & Promoting Patient Self-Care
Behaviours			
Exhibits awareness of impact of diagnosis on patient and his/her family and provides appropriate information and support	CbD	1,3	C12: Relationships with patients & Communication within a Consultation
Displays empathy, compassion and respect in communicating the diagnosis	mini-CEX	3	C 12: Relationships with Patients & Communication within a Consultation C13: Breaking Bad News
Promotes participation in trials and research governance.	CbD, mini-CEX	4	C20: Ethical Research
Recognises the importance of supportive care for successful patient outcomes	FRCpath part 1 FRCpath part 2 CbD	1,3	C6: The Patient as the Central Focus of Care
Able to work within a multidisciplinary team and recognises the need and makes appropriate referrals to other health care	MSF	1,3,4	C8: Team Working & Patient Safety

professionals.			**C15:** Communication with Colleagues & Co-Operation
			C 26: Palliative Care

H 5 Chronic Leukaemia

Competence in the diagnosis and management of patients with chronic leukaemia			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the presentation, natural history, pathogenesis and diagnosis of chronic leukaemia	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the classification, staging and prognostic factors in chronic leukaemia	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Describe the systemic therapy regimes used in the treatment of chronic leukaemia including their mode of action and side effects Define the role of radiotherapy and palliative care.	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines C 26: Palliative Care
Describe supportive care and the management of short and long term complications of chronic leukaemias	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Explain the use of trial protocols and importance of multicentre trials in chronic leukaemia	FRCpath part 1 FRCpath part 2	1	**C20:** Ethical Research **C18:** Valid Consent
Define indications for autologous and allogeneic haematopoietic stem cell transplantation in the management of chronic leukaemia	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Skills			
Interprets presenting features and conducts history and examination competently	CbD, mini-CEX	1	**C1:** History Taking **C2:** Clinical Examination
Uses appropriate laboratory investigations to establish diagnosis	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Ability to discuss, formulate and implement a management plan in the setting of a multidisciplinary team.	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Communicates management options clearly to the patient and provides appropriate support and information to patients and their carers.	mini-CEX	1,2	**C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News
Provides full explanation of appropriate clinical trials and obtains informed consent after discussion with patient, and carers. Collects trial data.	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,4	**C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Works as part of the multidisciplinary team to manage the complications of chronic leukaemia and its treatment	FRCpath part 1 FRCpath part 2	1,2,3,4	**C8:** Team Working & Patient Safety

	Assessment Methods	GMP	Common Competency
	CbD		**C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Assesses suitability for stem cell transplantation. Explains use of transplantation and its limitations to the patient and carers clearly	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus **C12:** Relationships with Patients & Communication within a Consultation **C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Successfully manages patients undergoing stem cell transplantation	CbD	1	**C12:** Relationships with Patients & Communication within a Consultation
Identifies complications of stem cell transplantation including post transplant viral syndromes and graft versus host disease and long term effects	CbD	1	**C7:** Prioritisation of Patient Safety in Clinical Practice **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Behaviours			
Exhibits empathy and respect in discussing the diagnosis	mini-CEX	3	**C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News
Recognises the impact of chronic disease on the patient and family	FRCpath part 1 FRCpath part 2 CbD	1,3	**C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Able to work in a multidisciplinary team and recognises the need to refer to other health care professionals	MSF	1,3,4	**C15:** Communication with Colleagues & Co-Operation **C8:** Team Working & Patient Safety C 26: Palliative Care
Promotes participation in trials and research governance.	CbD, mini-CEX	4	**C20:** Ethical Research

H 6 Myeloma and other Plasma Cell Dyscrasias

Competence in the diagnosis and management of patients with myeloma and other plasma cell dyscrasias

Knowledge	Assessment Methods	GMP	Common Competency
Describe the presentation, natural history ,pathogenesis and diagnosis of myeloma and other plasma cell dyscrasias including MGUS, solitary plasmacytoma, AL Amyloid.	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the classification , staging and prognostic factors in these disorders	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence &

			Guidelines
Describe the systemic treatment regimens and explain the role of radiotherapy and palliative care in the management of myeloma and related conditions	FRCpath part 1 FRCpath part 2 CbD	1,4	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing **C7:** Prioritisation of Patient Safety in Clinical Practice **C21:** Evidence & Guidelines
Explain the emergency management of spinal cord compression and hyperviscosity	FRCpath part 1 FRCpath part 2 CbD	1	**C20:** Ethical Research **C17:** Principles of Medical Ethics & Confidentiality
Describe supportive care in myeloma, including prevention and management of renal dysfunction, bone disease, pain and bone marrow failure	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing **17:** Prioritisation of Patient Safety in Clinical Practice **C21:** Evidence & Guidelines C 26: Palliative Care
Define indications for haematopoietic stem cell transplantation in the management of myeloma and related disorders	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the role of trial protocols and importance of multicentre trials in these disorders	FRCpath part 1 FRCpath part 2 CbD	1	**C20:** Ethical Research **C17:** Principles of Medical Ethics & Confidentiality
Skills			
Interprets presenting features and conducts history and examination competently	CbD, CEX	1	**C1:** History Taking **C2:** Clinical Examination
Selects appropriate laboratory investigations to establish the diagnosis	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Ability to discuss, formulate and implement a management plan in the setting of a multidisciplinary team	FRCpath part 1 FRCpath part 2 CbD	1,3,4	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Communicates management options clearly to the patient and provides appropriate support and information to patients and their relatives	mini-CEX, PS	1,3,4	**C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News
Provides full explanation of appropriate clinical trials and obtains informed consent after discussion with patient, and carers. Collects trial data	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,4	**C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Works as part of the multidisciplinary team to manage the complications of myeloma and related disorders and of their treatment	FRCpath part 1 FRCpath part 2 CbD	1,3	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation

Knowledge	Assessment Methods	GMP	Common Competency
			C11: Managing Long Term Conditions & Promoting Patient Self-Care
Assesses suitability for stem cell transplantation. Explains use of transplantation and its limitations to the patient and carers clearly	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus **C12:** Relationships with Patients & Communication within a Consultation **C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Successfully manages patients undergoing stem cell transplantation	CbD	1	**C12:** Relationships with Patients & Communication within a Consultation
Identifies complications of stem cell transplantation including post transplant viral syndromes and graft versus host disease and long term effects	CbD	1	**C7:** Prioritisation of Patient Safety in Clinical Practice **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Behaviours			
Exhibits empathy, compassion and respect in discussing diagnosis and treatment with patient and family	Mini-CEX, MSF	3	**C12:** Relationships With Patients & Communication Within A Consultation **C13:** Breaking Bad News
Able to work within a multidisciplinary team and recognises the need and makes appropriate referrals to other health care professionals	MSF	1,3,4	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Promotes participation in trials and research governance	CbD, CEX	4	**C20:** Ethical Research
Recognises the impact of chronic disease on the patient and family	FRCpath part 1 FRCpath part 2 CbD	1,3	**C11:** Managing Long Term Conditions & Promoting Patient Self-Care

H 7 Lymphoma

Competence in the diagnosis and management of patients with Hodgkin and non-Hodgkin lymphoma			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the presentation ,natural history, pathogenesis, and diagnosis of Hodgkin and non Hodgkin lymphoma	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Outline the histological classification of lymphomas particularly the WHO classification, and describe the staging systems and prognostic factors	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning

Describe the systemic treatment regimens and explain the role of radiotherapy and palliative care in the management of lymphoma	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines C 26: Palliative Care
Explain the use of trial protocols and importance of multicentre trials in lymphoma	FRCpath part 1 FRCpath part 2 CbD	1	**C20** Ethical Research **C17:** Principles of Medical Ethics & Confidentiality
Define the indications for autologous and allogeneic haematopoietic stem cell transplantation in the management of lymphoma	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Skills			
Interprets the presenting features and conducts history and examination competently	CbD, mini-CEX	1	**C5:** Decision Making & Clinical Reasoning
Selects appropriate laboratory and radiological investigations to establish diagnosis, stage of disease	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Practises competent diagnosis of lymphoma on trephine biopsy Demonstrates working knowledge of lymph node histology	FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Ability to discuss, formulate and implement a management plan in the setting of a multidisciplinary team	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Communicates management options clearly to the patient and provides appropriate support and information to patients and their relatives	mini-CEX	1,3,4	**C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News
Provides full explanation of appropriate clinical trials and obtains informed consent after discussion with patient, and carers. Collects trial data	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,4	**C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Works as part of the multidisciplinary team to manage the complications of lymphoma and its treatment	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C8:** Team Working & Patient Safety
Assesses suitability for stem cell transplantation. Explains use of transplantation and its limitations to the patient and carers clearly	FRCpath part 1 FRCpath part 2 mini-CEX	1,2,3,4	**C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus **C12:** Relationships with Patients & Communication within a Consultation **C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Successfully manages patients undergoing stem cell transplantation	CbD	1	**C12:** Relationships with Patients & Communication within a Consultation

Identifies complications of stem cell transplantation including post transplant viral syndromes and graft versus host disease and long term effects	FRCpath part 1 FRCpath part 2 CbD	1	**C7:** Prioritisation of Patient Safety in Clinical Practice **C13:** Breaking Bad News
Behaviours			
Recognises importance of histology in patient management	FRCpath part 1 FRCpath part 2 CbD	1,3	**C5:** Decision Making & Clinical Reasoning
Exhibits empathy in discussing diagnosis and treatment with patient and family	mini-CEX, MSF	3	**C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News
Able to work within a multidisciplinary team and recognises the need and makes appropriate referrals to other health care professionals	MSF	1,3,4	**C 8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation C 26: Palliative Care
Promotes participation in trials and research governance	CbD, mini-CEX	4	**C20:** Ethical Research
Recognises the impact of chronic disease on the patient and family	FRCpath part 1 FRCpath part 2 CbD	1,3	**C11:** Managing Long Term Conditions & Promoting Patient Self-Care

H 8 Congenital Coagulation Disorders

Competence in the management of patients with congenital coagulation disorders			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe coagulation and the coagulation pathways including control mechanisms and fibrinolysis	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Describe the inheritance natural history, presentation and complications of congenital coagulation disorders including Haemophilia A, Haemophilia B and Von Willebrand Disease	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Outline the features of the less common congenital coagulation disorders	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the role of the clinical history in assessment of the bleeding patient	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Identify and explain the diagnostic methods used in assessment of coagulation disorders including specific factor and inhibitor assays	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Outline the use of molecular biological techniques to identify genetic disorders and discusses the role of these techniques in pre-natal and family testing	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C16:** Health Promotion & Public

			Health
Describe the types of coagulation factor concentrates including their safety profiles	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing
Skills			
Demonstrates competence in taking the history and conducting an examination of the patient	mini-CEX	1	**C1:** History Taking **C2:** Clinical Examination
Formulates an appropriate management plan	FRCpath part 1 FRCpath part 2 CbD	1,3	**C5:** Decision Making & Clinical Reasoning
Demonstrates competence in genetic counselling	FRCpath part 1 FRCpath part 2 mini-CEX	1,3,4	**C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus of Care **C12:** Relationships with Patients & Communication within a Consultation
Interprets results of laboratory assays accurately	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Advises appropriately on prophylaxis and treatment of congenital coagulation disorders	FRCpath part 1 FRCpath part 2 CbD	1,3,4	**C5:** Decision Making & Clinical Reasoning **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Behaviours			
Relates theoretical knowledge to patient management	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C5:** Decision Making & Clinical Reasoning
Exhibits empathy, compassion and respect in managing the disorder and its complications	FRCpath part 1 FRCpath part 2 mini-CEX, MSF	1,3	**C6:** The Patient As The Central Focus Of Care
Recognises the impact of the condition on the patient and family	FRCpath part 1 FRCpath part 2 mini-CEX, MSF	1,3	**C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Appreciates patient sensitivities and implications of a positive screening result	FRCpath part 1 FRCpath part 2 MSF	3,4	**C12:** Relationships with Patients & Communication within a Consultation **C16:** Health Promotion & Public Health

	Assessment Methods	GMP	Common Competency
Appreciates patient preferences beliefs and concerns regarding coagulation factor replacement therapies	FRCpath part 1 FRCpath part 2 CbD, MSF	4	**C6:** The Patient as the Central Focus of Care **C7:** Prioritisation of Patient Safety in Clinical Practice **C3:** Therapeutics & Safe Prescribing
Able to work within a multidisciplinary team and recognises the need and makes appropriate referrals to other health care professionals	MSF	1,3,4	**C8:** Team working & Patient Safety **C15:** Communication with Colleagues & Co-Operation

H 9 Thrombosis

Competence in the diagnosis and management of patients with thrombophilic disorders			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe coagulation inhibitors and the fibrinolytic pathway Explain the epidemiology and molecular basis of thrombophilia	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the pathogenesis of thrombosis in arteries, veins and the microcirculation	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Identifies risk factors for thrombosis, and the role of risk assessment and use of thromboprophylaxis	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines
Describes the indications and methods for thromboprophylaxis, both pharmacological and non-pharmacological	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines
Understands the role of laboratory tests and clinical scoring in the diagnosis and management of venous thrombosis	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Describe the natural history, presentation and complications of thrombophilia, including both inherited and acquired disorders	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Explain the techniques for the measurement of Protein C, Protein S, antithrombin, APCR and Lupus Anticoagulant and understands their principles and limitations	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Outline the molecular techniques used in diagnosis of heritable thrombophilia	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Define the effect of pregnancy , oral contraceptive pill use and hormone replacement therapy in thrombophilia	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Skills			
Ability to apply knowledge to the routine use of a hospital thromboprophylaxis policy	FRCpath part 1 FRCpath part 2	1,3	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence &

Knowledge	Assessment Methods	GMP	Common Competency
	CbD		Guidelines
Demonstrates appropriate use of clinical and laboratory methods in the diagnosis and management of patients with venous thrombosis	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Demonstrates appropriate use of clinical and laboratory methods to reach a diagnosis of thrombophilia	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C5:** Decision Making & Clinical Reasoning
Demonstrates competence in the treatment and prophylaxis of thrombophilic conditions	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Demonstrates competence in genetic counselling	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C12:** Relationships with Patients & Communication within a Consultation
Able to interpret thrombophilia results in pregnancy, on the oral contraceptive pill and hormone replacement therapy	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C5:** Decision Making & Clinical Reasoning
Successfully manages pregnancy in affected individuals	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing
Behaviours			
Relates theoretical knowledge to patient management	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C24:** Personal Behaviour **C5:** Decision Making & Clinical Reasoning
Contributes to multidisciplinary team working	MSF	1,3,4	**C8:** Team Working & Patient Safety **C15** Communication with Colleagues & Co-Operation
Understands the sensitivities around the diagnosis of a familial disorder	CbD, MSF	3,4	**C19:** Legal Framework for Practice **C18:** Valid Consent **C16:** Health Promotion & Public Health

H 10 Anticoagulation

Safe management of patients requiring anticoagulation			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the mechanisms of action and define the indications for the use of heparin, oral anticoagulants (both Vitamin K antagonists and newer factor specific agents) and platelet inhibitors	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines

	Assessment Methods	GMP	Common Competency
Outline the range of models of anticoagulant control including computerised dosing methods and the use of the multi-professional team in delivering anticoagulant services	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C8:** Team working & Patient Safety **C11:** Managing Long-Term Conditions & Promoting Patient Self-Care
Explain the side effects of anticoagulants	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines
Skills			
Practices safe and effective initiation of anticoagulant therapy	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C24:** Personal Behaviour
Interprets and evaluates monitoring of anticoagulation and advises appropriately	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing
Performs appropriate follow up of patients receiving anticoagulants	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C11:** Managing Long-Term Conditions & Promoting Patient Self-Care
Advises appropriately on the management of over–anticoagulation	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines **C7:** Prioritisation of Patient Safety in Clinical Practice
Advises appropriately on the diagnosis and management of heparin induced thrombocytopenia	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing
Behaviours			
Appreciates the need for individualised patient risk: benefit assessment	CbD	1,2,3	**C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus of Care **C7:** Prioritisation of Patient Safety in Clinical Practice
Consults with other relevant specialists appropriately	FRCpath part 2 MSF	3	**C15:** Communication with Colleagues & Co-Operation
Contributes to multi-disciplinary team-working	MSF	3	**C8:** Team Working & Patient Safety

H 11 Acquired Bleeding Disorders

Competence in the diagnosis and management of patients with acquired bleeding disorders			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**

Knowledge	Assessment Methods	GMP	Common Competency
Describe the pathogenesis and mechanisms of acquired bleeding disorders including: • DIC • Massive transfusion • Renal & hepatic disease • Obstetric complications • Coagulation factor inhibitors • Explain the role of the clinical history in the assessment of the bleeding patient	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C5:** Decision making & Clinical Reasoning **C6:** The Patient as the Central Focus of Care **C7:** Prioritisation of Patient Safety in Clinical Practice **C21:** Evidence & Guidelines
Describe the pharmaceuticals and blood products available for the management of excessive bleeding, their indications and side-effects	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Skills			
Selects and evaluates investigations correctly and formulates an appropriate management plan	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing **C5:** Decision making & Clinical Reasoning **C6:** The Patient as the Central Focus of Care **C7:** Prioritisation of Patient Safety in Clinical Practice **C21:** Evidence & Guidelines
Communicates effectively with colleagues on the appropriate use of blood products including coagulation factors	CbD, MSF	1,3	**C15** Communication with Colleagues & Co-Operation
Behaviours			
Contributes to multidisciplinary team-working	MSF	3	**C8:** Team Working & Patient Safety **C15** Communication with Colleagues & Co-Operation

H 12 Platelet disorders

Competence in the diagnosis and management of congenital and acquired platelet disorders			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Outline platelet structure and function; Define platelet and vessel wall interaction; Describe congenital and acquired qualitative platelet disorders	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Explain the measurement of platelet numbers by automated counters	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Describe platelet function tests, their uses and limitations	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Describe the mechanisms leading to acquired thrombocytopenia, the relevant investigations required to	FRCpath part 1	1	**C5:** Decision Making & Clinical Reasoning

determine the aetiology and the available management options	FRCpath part 2		
Outline the mechanisms of action of pharmacological platelet inhibitors	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing
Skills			
Selects and evaluates investigations correctly and formulates an appropriate management plan	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Communicates appropriate clinical advice on the use of antiplatelet agents	CbD, MSF	1,3	**C3:** Therapeutics & Safe Prescribing **C7:** Prioritisation of Patient Safety in Clinical Practice **C12:** Relationships with Patients & Communication within a Consultation
Manages emergency presentations of thrombocytopenia including TTP and ITP	CbD	1,3	**C5:** Decision Making & Clinical Reasoning **C7:** Prioritisation of Patient Safety in Clinical Practice **C8:** Team Working & Patient Safety **C21:** Evidence & Guidelines
Behaviours			
Relates theoretical knowledge to patient management	FRCpath part 1 FRCpath part 2 CbD	1,2,3,4	**C5:** Decision Making & Clinical Reasoning
Contributes to multi-disciplinary team-working	MSF	3	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation

H 13 Haemoglobinopathies

Competence in the diagnosis and management of patients with haemoglobinopathies			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Outline the molecular basis of abnormal haemoglobins and thalassaemia syndromes	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Describe the epidemiology presentation and natural history of sickle cell and thalassaemia syndromes	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Describe the techniques for the diagnosis of haemoglobin disorders including an awareness of national screening programmes	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines **C16:** Health Promotion & Public Health
Describe the diagnosis and management of specific major	FRCpath part 1	1	**C5:** Decision Making

acute complications, including the acute chest syndrome, painful crisis, stroke	FRCpath part 2		& Clinical Reasoning **C21:** Evidence & Guidelines
Explain appropriate use of transfusion in sickle cell and thalassaemia syndromes	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C3:** Therapeutics & Safe Prescribing **C21:** Evidence & Guidelines
Describe the complications, assessment and treatment of transfusional iron overload	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines **C3:** Therapeutics & Safe Prescribing
Describe the long term complications of haemoglobin disorders (including orthopaedic, ophthalmic, renal, pulmonary, endocrine and fertility issues) and their management, in particular the need for comprehensive multi-disciplinary care	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Understand the use of disease modifying agents in haemoglobin disorders	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing
Skills			
Understands the interacting abnormalities and demonstrates competence in genetic counselling; Counsels patients appropriately on the benefits and risks of screening; Competent in out of hours management of acutely unwell patients	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus of Care **C12:** Relationships with Patients & Communication within a Consultation **C18:** Valid Consent **C16:** Health Promotion & Public Health
Demonstrates competence in taking a history and examination of the patient. Uses appropriate laboratory and radiological investigations to establish a diagnosis	FRCpath part 2 CbD, mini-CEX	1	**C1:** History Taking **C2:** Clinical Examination **C5:** Decision Making & Clinical Reasoning **C6:** The Patient as the Central Focus of Care
Correctly interprets electrophoresis and HPLC traces Appropriately refers for molecular testing	FRCpath part 1 CbD	1	**C5:** Decision Making & Clinical Reasoning
Establishes a diagnosis and formulates a management plan of acute complications. Uses analgesia appropriately	FRCpath part 1 FRCpath part 2 CbD	1,3,4	**C5:** Decision Making & Clinical Reasoning
Appropriately uses transfusions and manages iron overload	FRCpath part 1 FRCpath part 2 CbD	1,3,4	**C3:** Therapeutics & Safe Prescribing
Uses and interprets appropriate screening methods for chronic	FRCpath part 1	1	**C5:** Decision Making

organ damage	FRCpath part 2 CbD		& Clinical Reasoning
Advises patients appropriately about the use and side effects of disease modifying drugs	FRCpath part 1 FRCpath part 2 mini-CEX	1,3,4	**C3:** Therapeutics & Safe Prescribing **C12:** Relationships with Patients & Communication within a Consultation
Behaviours			
Establishes rapport with and is considerate of the patient and family's cultural and social needs	mini-CEX, MSF	3,4	**C12:** Relationships with Patients & Communication within a Consultation
Exhibits understanding of the impact of haemoglobin disorders on the patient and their family	CbD, MSF	1,3	**C11:** Managing Long-term Conditions & Promoting Patient Self-Care **C12:** Relationships with Patients & Communication within a Consultation
Applies laboratory results to patient care	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Works as part of a multidisciplinary team. Recognises need to refer to other colleagues	CbD, MSF	3	**C8:** Team working & Patient Safety **C15:** Communication with Colleagues & co-Operation
Demonstrates an awareness of the multi-disciplinary nature of management in these patients	CbD, MSF	3	**C15:** Communication with Colleagues & Co-Operation
Exhibits understanding of the impact of physical & psychosocial factors. Aware and considerate of the impact of cultural issues	CbD, mini-CEX	1,3,4	**C6:** The Patient as the Central Focus of Care **C16:** Health Promotion & Public Health

H 14 Bone marrow failure syndromes

Competence in the diagnosis and management of patients with bone marrow failure syndromes			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the aetiology, natural history, molecular basis and classification of pancytopenia including aplastic anaemia, paroxysmal nocturnal haemoglobinuria and myelodysplasia.	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Explain the use of blood product support and define the complications of long term transfusion	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C 21:** Evidence & Guidelines
Describe indicators for the use of chemotherapy, immunosuppression, disease modulators, growth factors and	FRCpath part 1	1	**C3:** Therapeutics & Safe Prescribing

haematopoietic progenitor stem cell transplant in the management of bone marrow failure syndromes	FRCpath part 2		C21: Evidence & Guidelines
Skills			
Selects and evaluates laboratory methods to reach a diagnosis	FRCpath part 1 FRCpath part 2 CbD	1	C5: Decision Making & Clinical Reasoning C21: Evidence & Guidelines
Evaluates clinical and laboratory results to formulate and practice an appropriate management plan	FRCpath part 2 CbD	1	C5: Decision Making & Clinical Reasoning C21: Evidence & Guidelines
Practices appropriate use of blood transfusion and iron chelation regimens	FRCpath part 1 FRCpath part 2 CbD	1,2	C3: Therapeutics & Safe Prescribing C21: Evidence & Guidelines
Behaviours			
Relates laboratory results to clinical findings	FRCpath part 1 FRCpath part 2 CbD	1	C5: Decision Making & Clinical Reasoning
Exhibits empathy, compassion and respect in delivering diagnosis and management to the patient and family	Mini-CEX, MSF MSF	3	C12: Relationships with patients & Communication within a Consultation
Recognises the impact of chronic disease on the patient and family and its long term management to the patient and family	FRCpath part 1 FRCpath part 2 CbD	1,3	C11: Managing Long Term Conditions & Promotion of Patient Self Care

H 15 Myeloproliferative disorders

Competence in the diagnosis and management of patients with myeloproliferative disorders			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the pathophysiology and classification of myeloproliferative disorders	FRCpath part 1 FRCpath part 2	1	C5: Decision Making & Clinical Reasoning C21: Evidence & Guidelines
Outline the methods used in the assessment and diagnosis of myeloproliferative disorders including molecular tests	FRCpath part 1 FRCpath part 2	1	C5: Decision Making & Clinical Reasoning C21: Evidence & Guidelines
Describe the therapeutic options, their indications and side-effects, including: • Venesection • Apheresis • General and targeted cytoreductive therapy • Immune modulators • Stem cell transplantation • Supportive therapies	FRCpath part 1 FRCpath part 2	1	C6: The Patient as the Central Focus of Care C3: Therapeutics & Safe Prescribing C5: Decision Making & Clinical Reasoning C18: Valid Consent C21: Evidence & Guidelines

Skills			
Selects and evaluates clinical and laboratory methods to achieve a diagnosis and formulate an appropriate management plan	FRCpath part 1 FRCpath part 2 CbD	1,3,4	**C5:** Decision Making & Clinical Reasoning
Performs therapeutic venesection competently	DOPS	1,2,3,4	**C18:** Valid Consent
Behaviours			
Works as part of a multidisciplinary team. Recognises need to refer to other colleagues	MSF	3	**C8:** Team working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Recognises the impact of chronic disease on the patient and family	CbD	1,3	**C12:** Relationships with Patients & Communication within a Consultation **C11:** Managing Long-term Conditions & Promoting Patient Self-Care
Exhibits empathy, compassion and respect in delivering diagnosis and management to the patient and family	mini-CEX, MSF	3	**C12:** Relationships with Patients & Communication within a Consultation **C13** Breaking Bad News

H 16 Haematology Relating to Other Medical Specialties

Competence in advising on haematological problems arising in patients from other specialties			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Discuss the haematological presentation of systemic disease and its effects on the blood and bone marrow	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Describe the manifestations of infections on haematological parameters : bacterial, viral including HIV, fungal, parasitic and tropical infections	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Describe the haematological effects of pregnancy, and its haematological complications. Identify the role of the haematologist in their management	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C12:** Relationships with Patients & Communication within a Consultation **C15** Communication with Colleagues & Co-Operation
Identify the haematological effects of drugs, surgery, malignancy and solid organ transplantation	FRCpath part 1 FRCpath part 2 CbD	1	**C3:** Therapeutics & Safe Prescribing
Have a working knowledge of the diagnosis and management of haemochromatosis	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Outline the role of the haematologist in the support of critical	FRCpath part 1	1	**C5:** Decision Making & Clinical Reasoning

care patients	FRCpath part 2 CbD		C15: Communication with Colleagues & Co-Operation
Skills			
Selects and evaluates laboratory results in these clinical situations and provides appropriate and timely advice during the routine working day and out of hours	FRCpath part 1 FRCpath part 2 CbD	1,3	C5: Decision Making & Clinical Reasoning C4: Time Management & Decision Making C21: Evidence & Guidelines
Communicates effectively with colleagues in other specialities to develop management plans	MSF	1,3	C8: Team Working & Patient Safety C15: Communication with Colleagues & Co-Operation
Behaviours			
Works as part of the multidisciplinary team	MSF	3	C8: Team Working & Patient Safety
Consults with colleagues in other relevant specialties	MSF	3	C15: Communication with Colleagues & Co-Operation

H 17 Generic Competencies in Haematology

Development of communication and other generic skills required for the practice of haematology			
Knowledge	**Assessment Methods**	**GMP**	**Common competency**
Explain the value of good communication with patients and colleagues and the essential skills required	CbD	1	C12: Relationships with Patients &Communication within a Consultation C15: Communication with Colleagues & Co-Operation
Describe the legal framework for clinical and laboratory practice in the UK	FRCpath part 1 FRCpath part 2 CbD	1	C19: Legal Framework for Practice
Describe the principles of clinical audit including the audit cycle	FRCpath part 1 FRCpath part 2	1	C22: Audit
Explain the role of clinical trials in haematology and describe research governance	FRCpath part 1 FRCpath part 2 CbD	1	C20: Ethical Research
Describe the principles of evidence based medicine and the role of guidelines	FRCpath part 1 FRCpath part 2 CbD	1	C21: Evidence & Guidelines
Describe the principles underlying teaching and training	FRCpath part 1 FRCpath part 2 TO	1	C23: Teaching & Training
Outline the organisational structure of the NHS and role of haematologists as managers	FRCpath part 1 FRCpath part 2	1	C25: Management & the NHS structure C24: Personal Behaviour

Skills			
Demonstrates an ability to break bad news clearly and empathically including the communication of a terminal prognosis	CbD, mini-CEX	1,2	**C15:** Communication with Colleagues & Co-Operation **C12:** Relationships with Patients & Communication within a Consultation **C13:** Breaking Bad News C 26: Palliative Care
Communicates clearly with colleagues in primary and secondary care via clinic letters, letters of referral and discharge documents	CbD	1,3	**C15:** Communication with Colleagues & Co-Operation
Practices in accordance with legal principals. Promotes and practices accurate documentation in clinical practice.	CbD	1	**C19:** Legal Framework for Practice
Participates in audit	AA	1,2	**C22:** Audit
Critically evaluates research data and/or publications in scientific journals and applies conclusions into practice	CbD	1	**C21:** Evidence & Guidelines **C20:** Ethical Research
Reviews and applies local and national guidelines	CbD	1	**C21:** Evidence & Guidelines
Able to teach medical, nursing, scientific and other professions effectively	MSF, TO	1,3	**C23:** Teaching & Training
Contributes to clinical and laboratory management meetings	MSF	1,3	**C9:** Principles of Quality & Safety Improvement **C25:** Management & NHS Structure
Behaviours			
Recognises the importance of good communication in the practice of haematology	CbD	1,3	**C12:**Relationships with Patients & Communication within a Consultation **C15:** Communication with Colleagues & Co-Operation
Contributes to multidisciplinary team-working	MSF	1,3	**C8:** Team working & Patient Safety
Recognises the benefit of audit to clinical care	CbD	1	**C22:** Audit
Recognises the role of research in medical advances, promotes ethical research	CbD	1	**C17:** Principles of Medical Ethics & Confidentiality **C20:** Ethical Research
Keeps up to date with national reviews and guidelines of practice	CbD	1,2	**C21:** Evidence & Guidelines
Advances own educational ability through continuous learning	MSF	1,2	**C23:** Teaching & Training
Willing to improve managerial skills and engage in management of haematology services	MSF	1,2,3	**C25:** Management & the NHS structure **C24:** Personal Behaviour

H 18 Blood Transfusion

To acquire sufficient knowledge of blood transfusion practice to provide safe advice to clinical colleagues.

Knowledge	Assessment Methods	GMP	Common Competency
Outline the principles of blood transfusion laboratory practice including: • Blood grouping techniques in patients and donors • Identification, significance and management of allo and auto red cell antibodies including :pre transfusion screening, antenatal screening, haemolytic disease of foetus & newborn, autoimmune haemolytic anaemia; • Crossmatching techniques • Automation in blood transfusion • Identification, significance and management of HLA, platelet and neutrophil antibodies. • Use of computers in blood transfusion, including quality, safety and traceability aspects	FRCpath part 1 FRCpath part 2 CbD	1,2	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines **C17:** Principles of Medical Ethics & Confidentiality **C19:** Legal Framework for Practice
Describe the basic principles of donor selection and the preparation of blood components including: • Donor and patient safety including donor questioning, infections, donor complications. • Preparation of blood components, including characteristics of: components and fractionated products, pathogen inactivation, apheresis components, new component evaluation • Blood products for paediatric/neonatal use, • Donation testing: infections, discretionary tests, residual risks • Role of Quality Systems at Blood Service and at hospitals: regulations, accreditation, NEQAS, haemovigilance and role of the consultant haematologist	FRCpath part 1 FRCpath part 2 CbD	1,2	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines **C17:** Principles Of Medical Ethics & Confidentiality **C19:** Legal Framework For Practice
Describe the principles of clinical blood transfusion practice including: • Prevention and management of hazards of blood transfusion: Criteria for sample acceptance, wrong blood/component, immune and infectious complications, platelet refractoriness, IgA deficiency • Clinical incident investigation & management) • Appropriate use of blood products (importance, indications for use, major bleeds, patient information, audit, blood stocks management, emergency blood management plan) • Special requirements • CMV negative, irradiated, fetal / neonatal, full Rh & K matched in haemoglobinopathies, multi-transfused, ABO incompatible transplants – stem cell and solid organ; IgA deficient, washed components, frozen blood • Alternatives to blood and blood products	FRCpath part 1 FRCpath part 2 CbD	1,2	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C9:** Principles of Quality & Safety Improvement **C14:** Complaints & Medical Error **C17**: Principles of Medical Ethics & Confidentiality **C19:** Legal Framework for Practice **C21:** Evidence & Guidelines **C25:** Management & NHS Structure

• Exchange transfusion and plasma exchange therapy • SHOT and SABRE reporting • The role of the Hospital Transfusion committee • Organisation of the laboratory and relevant transfusion legislation			
Skills			
Interprets blood transfusion laboratory results competently	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Practices the appropriate use of blood and blood products	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C3:** Therapeutics & Safe Prescribing
Manages complications of blood transfusion appropriately during the routine working day and out of hours	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C4:** Time Management & decision Making **C5:** Decision Making & Clinical Reasoning **C7:** Prioritisation of Patient Safety in Clinical Practice **C8:** Team Working & Patient Safety
Gives appropriate advice in patients with allo or auto antibodies, including in pregnancy	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C5:** Decision Making & Clinical Reasoning
Advises appropriately on the indications for exchange transfusion and plasma exchange	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning
Behaviours			
Liaises between laboratory and clinical staff	MSF	3	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Recognises the hazards of transfusion of blood products	FRCpath part 1 FRCpath part 2 CbD	1,2,3	**C 3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning
Consults with colleagues in other relevant specialties	MSF	3	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation

H 19 Paediatric Haematology

Trainees should receive instruction in and gain practical experience of disorders of blood and bone marrow in children. Experience should also be gained in transitional care and its implementation for those that require long term follow up. This may be gained in the paediatric or adult setting.

All trainees will be expected to obtain competencies to the level of a general haematologist in the diagnosis and management of common haematological disorders in childhood. For those pursuing a career as a consultant paediatric haematologist competencies to the level of independent practice are required for complex or specific paediatric disorders.

Competence, to the level of a general haematologist in the diagnosis and management of common haematological disorders in childhood.			
Knowledge	**Assessment Methods**	**GMP**	**Common Competency**
Describe the laboratory practice required to handle small samples	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Outline the need for age-related normal values	FRCpath part 1 FRCpath part 2	1	**C6:** The Patient as the Central Focus of Care
Describe the appearances of the blood and bone marrow in neonates, infants and children	FRCpath part 1 FRCpath part 2		**C5:** Decision Making & Clinical Reasoning
Describe the pathophysiology diagnosis and management of neonatal anaemia, coagulation disorders, haemorrhagic disease of the newborn and haemolytic disease of the newborn	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Identify the haematological manifestations of paediatric diseases including solid tumours	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning
Describe the haematological investigation of non-accidental injury	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Describe the aetiology, classification, treatment and prognosis of childhood leukaemia, myeloproliferative disorders and myelodysplastic syndromes	FRCpath part 1 FRCpath part 2	1,4	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning
Outline the importance of long term follow up for late effects of chemotherapy and SCT in children	FRCpath part 1 FRCpath part 2	1	**C11:** Managing Long-term Conditions & Promoting Patient Self-Care
Describe the pathophysiology, diagnosis and management in childhood of: • Haemoglobinopathies including • Identification of high risk sickle disease • Principles of population screening • Congenital and acquired thrombocytopenias • Congenital and acquired coagulopathies • Congenital and acquired thrombotic states • Inherited & acquired anaemias, • Disorders of leucocytes including • Neutropenia; lymphopenia	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines

• Abnormal function • Immune deficiency (See relevant section of general curriculum)			
Describe the pathophysiology, diagnosis and management in childhood of: inherited and acquired bone marrow failure syndromes including haemophagocytic syndromes	FRCpath part 1 FRCpath part 2	1	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Be aware of paediatric aspects of stem cell transplantation	FRCpath part 1 FRCpath part 2	1	**C5:** Decision Making & Clinical Reasoning **C21:** Evidence & Guidelines
Skills			
Analyses and interprets paediatric laboratory results generated	FRCpath part 1 FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Analyses and interprets paediatric blood films and bone marrow smears	FRCpath part 2 CbD	1	**C5:** Decision Making & Clinical Reasoning
Evaluates and manages paediatric haematological disorders appropriately in conjunction with paediatrician colleagues	FRCpath part 2 CbD, MSF	1,3,4	**C5:** Decision Making & Clinical Reasoning **C15:** Communication with Colleagues & Co-Operation
Advises appropriately on the prophylaxis and management of haemolytic disease of the newborn	FRCpath part 1 FRCpath part 2 CbD	1,3	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C16:** Health Promotion & Public Health
Demonstrates use of clinical and laboratory skills to make a diagnosis and formulate an appropriate management plan, including palliative care	FRCpath part 1 FRCpath part 2 CbD, mini-CEX	1,2,3,4	**C3:** Therapeutics & Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation C 26: Palliative Care
Performs bone marrow aspiration safely on infants and children	DOPS	1,2,3,4	**C18:** Valid Consent
Performs lumbar puncture safely on infants and children	DOPS	1,2,3,4	**C18:** Valid Consent
Demonstrates appropriate use of genetic investigation of haematological disorders	FRCpath part 1 FRCpath part 2 CbD	1	**C18:** Valid Consent
Demonstrates an understanding of inherited disease and investigation of the family	FRCpath part 1 FRCpath part 2 CbD	1,3	**C5:** Decision Making & Clinical Reasoning **C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Demonstrates an understanding of the transfusion requirements	FRCpath part 1	1,2	**C3:** Therapeutics &

of neonates and children with occasional or continued need and the long term side effects	FRCpath part 2 CbD		Safe Prescribing **C5:** Decision Making & Clinical Reasoning **C11:** Managing Long Term Conditions & Promoting Patient Self-Care
Communicates effectively the use of transplantation and its limitations to the patient where appropriate and family	FRCpath part 2 mini-CEX, MSF	1,3	**C12:** Relationships with Patients & Communication within a Consultation
Behaviours			
Recognises the need for consultation with colleagues	CbD, MSF	1,3	**C8:** Team Working & Patient Safety **C15:** Communication with Colleagues & Co-Operation
Contributes to multidisciplinary team-working	MSF	3	**C8:** Team Working & Patient Safety
Shows an understanding of the knowledge base of paediatricians, including oncologists	MSF	3	**C5:** Decision Making & Clinical Reasoning
Exhibits empathy and clear communication in discussions of diagnosis, treatment and prognosis with the patient if appropriate and his/her parent	mini-CEX	1,3	**C12:** Relationships with Patients & Communication within a Consultation
Recognises the need for genetic counselling and consent for testing	CbD	1,3,4	**C5:** Decision Making & Clinical Reasoning **C17:** Principles of Medical Ethics & Confidentiality **C18:** Valid Consent
Recognises the importance of care networks for congenital disease	CbD, MSF	1,3,4	**C8:** Team Working & Patient Safety
Recognises the need for transitional care	CbD, MSF	1,3,4	**C8:** Team Working & Patient Safety **C11:** Managing Long-term Conditions & Promoting Patient Self-Care
Recognises when to refer to, or confer with, a consultant in paediatric haematology practice	FRCpath part 2 CbD	1,3	**C5:** Decision Making & Clinical Reasoning **C12:** Relationships with Patients & Communication within a Consultation

Common Competencies Syllabus

This common competencies framework incorporates medical leadership and health inequalities competencies which are important to all medical practitioners. For each area of competence it is anticipated that trainees will recall and build upon the competencies outlined by the core medical or paediatric curricula. It is recognised that for many of the competencies outlined there is a continuing maturation process which means that the practitioners will become more adept and skilled as their career progresses. There are varying descriptor levels with each competence . It is anticipated that early specialty trainees will achieve competencies to level 2 whereas the competencies defined by the level 3 and 4 descriptors will be acquired as indicated, in the latter part of specialty training. The "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.2 for more details.

"GMP" defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.

C 1 History Taking

To develop the ability to elicit a relevant focused history from patients with increasingly complex issues and in increasingly challenging circumstances

To record the history accurately and synthesise this with relevant clinical examination, establish a problem list increasingly based on pattern recognition including differential diagnosis(es) and formulate a management plan that takes account of likely clinical evolution

Knowledge	Assessment Methods	GMP
Recognises importance of different elements of history	mini-CEX	1
Recognises that patients do not present history in structured fashion	mini-CEX	1,3
Knows likely causes and risk factors for conditions relevant to mode of presentation	mini-CEX	1
Recognises that the patient's agenda and the history should inform examination, investigation and management	mini-CEX	1
Skills		
Identifies and overcomes possible barriers to effective communication	mini-CEX	1,3
Manages time and draws consultation to a close appropriately	mini-CEX	1,3
Recognises that effective history taking in non-urgent cases may require several discussions with the patient and other parties, over time	mini-CEX	1,3
Supplements history with standardised instruments or questionnaires when relevant	mini-CEX	1,3
Manages alternative and conflicting views from family, carers, friends and members of the multi-professional team	mini-CEX	1,3
Assimilates history from the available information from patient and other sources including members of the multi-professional team	mini-CEX	1,3
Recognises and interprets appropriately the use of non verbal communication from patients and carers	mini-CEX	1,3

Focuses on relevant aspects of history	mini-CEX	1,3
Maintains focus despite multiple and often conflicting agendas	mini-CEX	1,3
Behaviours		
Shows respect and behaves in accordance with Good Medical Practice	mini-CEX	3,4
Level Descriptor		
1	Obtains, records and presents accurate clinical history relevant to the clinical presentation Elicits most important positive and negative indicators of diagnosis, including an indication of patient's views Starts to screen out irrelevant information Is able to format notes in a logical way and writes legibly Records regular follow up notes		
2	Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatients, ward referral Demonstrates ability to target history to discriminate between likely clinical diagnoses Records information in most informative fashion Is able to write a summary of the case when the patient has been seen and clerked by a more junior colleagues Notes are always, comprehensive, focused and informative Is able accurately to summarise the details of patient notes Demonstrates an awareness that effective history taking needs to take due account of patient's beliefs and understanding		
3	Demonstrates ability to rapidly obtain relevant history in context of severely ill patients Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives, or where communication difficulties are significant Demonstrates ability to keep interview focussed on most important clinical issues Able to write timely. Comprehensive, informative letters to patients and to GPs		
4	Able to quickly focus questioning to establish working diagnosis and relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment In the context of non-urgent cases, demonstrates an ability to use time effectively as part of the information collection process Writes succinct notes and is able to summarise accurately complex cases		

C 2 Clinical Examination

To develop the ability to perform focused, relevant and accurate clinical examination in patients with increasingly complex issues and in increasingly challenging circumstances

To relate physical findings to history in order to establish diagnosis(es) and formulate a management plan

Knowledge	Assessment Methods	GMP
Understands the need for a targeted and relevant clinical examination	CbD, mini-CEX	1
Understands the basis for clinical signs and the relevance of positive and negative physical signs	CbD, mini-CEX	1
Recognises constraints to performing physical examination and strategies that may be used to overcome them	CbD, mini-CEX	1

Recognises the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	CbD, mini-CEX	1
Recognises when the offer/ use of a chaperone is appropriate or required	CbD, mini-CEX	1
Skills		
Performs an examination relevant to the presentation and risk factors that is valid, targeted and time efficient	CbD, mini-CEX	1
Recognises the possibility of deliberate harm (both self harm and harm by others) in vulnerable patients and report to appropriate agencies	CbD, mini-CEX	1,2
Actively elicits important clinical findings	CbD, mini-CEX	1
Performs relevant adjunctive examinations	CbD, mini-CEX	1
Behaviours		
Shows respect and behaves in accordance with Good Medical Practice	CbD, mini-CEX, MSF	1,4
Ensures examination, whilst clinically appropriate, considers social, cultural and religious boundaries to examination, appropriately communicates and makes alternative arrangements where necessary	CbD, mini-CEX, MSF	1,4
Level Descriptor		
1	Performs, accurately, describes and records findings from basic physical examination Elicits most important physical signs Uses and interprets findings adjuncts to basic examination appropriately e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow	
2	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 adjuncts to basic examination appropriately e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy	
3	Performs and interprets relevance advanced focussed clinical examination e.g. assessment of less common joints, neurological examination Elicits subtle findings Uses and interprets findings of advanced adjuncts to basic examination appropriately e.g. sigmoidoscopy, FAST ultrasound, echocardiography	
4	Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances (e.g. acute medical or haematological emergency) or when managing multiple patient agendas	

C 3 Therapeutics and Safe Prescribing

To develop your ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice including non-medication-based therapeutic and preventative indications		
Knowledge	**Assessment Methods**	**GMP**
Indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	CbD, mini-CEX	1
Recalls range of adverse drug reactions to commonly used drugs, including complementary medicines	CbD, mini-CEX	1

Recalls drugs requiring therapeutic drug monitoring and interpret results	CbD, mini-CEX	1
Outlines tools to promote patient safety and prescribing, including electronic clinical record systems and other IT systems	CbD, mini-CEX	1,2
Defines the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee's practice	CbD, mini-CEX	1,2
Recognises the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare Products Regulatory Agency and hospital formulary committees	CbD, mini-CEX	1,2
Skills		
Reviews the continuing need for, effect of and adverse effects of long term medications relevant to the trainee's clinical practice	CbD, mini-CEX	1,2
Anticipates and avoids defined drug interactions, including complementary medicines	CbD, mini-CEX	1
Advises patients (and carers) about important interactions and adverse drug effects	CbD, mini-CEX	1,3
Prescribes appropriately in pregnancy, and during breast feeding	CbD, mini-CEX	1
Makes appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	CbD, mini-CEX	1
Uses IT prescribing tools where available to improve safety	CbD, mini-CEX	1,2
Employs validated methods to improve patient concordance with prescribed medication	mini-CEX	1,3
Provides comprehensible explanations to the patient, and carers when relevant, for the use of medicines and understands the principles of concordance in ensuring that drug regimes are followed	CbD, mini-CEX	1,3
Understanding of the importance of non-medication based therapeutic interventions including the legitimate role of placebos	CbD, mini-CEX	1,3
Where involved in "repeat prescribing," ensures safe systems for monitoring, review and authorisation	CbD, mini-CEX	1
Behaviours		
Recognises the benefit of minimising number of medications taken by a patient to a level compatible with best care	CbD, mini-CEX	1
Appreciates the role of non-medical prescribers	CbD, mini-CEX	1,3
Remains open to advice from other health professionals on medication issues	CbD, mini-CEX	1,3
Recognises the importance of resources when prescribing, including the role of a Drug Formulary and electronic prescribing systems	CbD, mini-CEX	1,2
Ensures prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	CbD	1,3
Participates in adverse drug event reporting mechanisms	mini-CEX, CbD	1
Remains up to date with therapeutic alerts, and responds appropriately	CbD	1
Level Descriptor		
1 Understands the importance of patient compliance with prescribed medication		

	Outlines the adverse effects of commonly prescribed medicines
	Uses reference works to ensure accurate, precise prescribing
2	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 an individuals care
	Knows indications for commonly used drugs that require monitoring to avoid adverse effects
	Modifies patients prescriptions to ensure 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
	Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty
	Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date
	Knows how to report adverse effects and take part in this mechanism
3	Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally
	Ensures that resources are used in the most effective way for patient benefit

C 4 Time Management and Decision Making

To demonstrate increasing ability to prioritise and organise clinical and clerical duties in order to optimise patient care

To demonstrate improving ability to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource

Knowledge	Assessment Methods	GMP
Understands that effective organisation is key to time management	CbD	1
Understands that some tasks are more urgent and/or more important than others	CbD	1
Understands the need to prioritise work according to urgency and importance	CbD	1
Maintains focus on individual patient needs whilst balancing multiple competing pressures	CbD	1
Understands that some tasks may have to wait or be delegated to others	CbD	1
Understands the roles, competencies and capabilities of other professionals and support workers	CbD	1
Outlines techniques for improving time management	CbD	1
Understands the importance of prompt investigation, diagnosis and treatment in disease and illness management	CbD, mini-CEX	1,2
Skills		
Identifies clinical and clerical tasks requiring attention or predicted to arise	CbD, mini-CEX	1,2
Estimates the time likely to be required for essential tasks and plan accordingly	CbD, mini-CEX	1
Groups together tasks when this will be the most effective way of working	CbD, mini-CEX	1
Recognises the most urgent / important tasks and ensures that they	CbD, mini-CEX	1

managed expediently		
Regularly reviews and re-prioritises personal and team work load	CbD, mini-CEX	1
Organises and manages workload effectively and flexibly	CbD, Mini- CEX	1
Makes appropriate use of other professionals and support workers	MSF	1
Behaviours		
Ability to work flexibly and deal with tasks in an effective and efficient fashion	CbD, MSF	3
Recognises when you or others are falling behind and take steps to rectify the situation	CbD, MSF	3
Communicates changes in priority to others	MSF	1
Remains calm in stressful or high pressure situations and adopts a timely, rational approach	MSF	1
Appropriately recognises and handles uncertainty within the consultation	MSF	1
Level Descriptor		
1	Recognises 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 clinical team (doctors or nurses) Understands importance of communicating progress with other team members Able to express when finds workload too much	
2	Organises work appropriately well and is able to prioritise When unsure, always consults more senior member of team Able to work with and guide more junior colleagues and to take work from them if they are seeming to be overloaded Discusses work on a daily basis with more senior member of team Completes work in a timely fashion	
3	Able to organise own daily work efficiently and effectively and to supervise work of others Is known to be reliable Able to manage to balance apparently competing tasks Recognises the most important tasks and responds appropriately Anticipates when priorities should be changed Starting to lead and direct the clinical team in effective fashion Supports others who are falling behind Requires minimal organisational supervision	
4	Automatically prioritises, reprioritises and manages workload in most effective and efficient fashion Communicates and delegates rapidly and clearly Automatically responsible for organising the clinical team Is able to manage to supervise or guide the work of more than one team – e.g. out patient, day unit and ward team Calm leadership in stressful situations	

C 5 Decision Making and Clinical Reasoning

To develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available

To develop the ability to prioritise the diagnostic and therapeutic plan

To be able to communicate a diagnostic and therapeutic plan appropriately

Knowledge	Assessment Methods	GMP
Defines the steps of diagnostic reasoning:	CbD, mini-CEX	1
• Interprets history and clinical signs	CbD, mini-CEX	1
• Conceptualises clinical problem in a medical and social context	CbD, mini-CEX	1
• Understands the psychological component of disease and illness presentation	CbD, mini-CEX	1
• Generates hypothesis within context of clinical likelihood	CbD, mini-CEX	1
• Tests, refines and verifies hypotheses	CbD, mini-CEX	1
• Develops problem list and action plan	CbD, mini-CEX	1
• Recognises how to use expert advice, clinical guidelines and algorithms	CbD, mini-CEX	1
• Recognises and appropriately responds to sources of information accessed by patients	CbD, mini-CEX	1
Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	CbD, mini-CEX	1,2
Defines the concepts of disease natural history and assessment of risk	CbD, mini-CEX	1
Recalls methods and associated problems of quantifying risk e.g. cohort studies	CbD	1
Outlines the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	CbD	1
Describes commonly used statistical methodology	CbD, mini-CEX	1
Knows how relative and absolute risks are derived and the meaning of the terms' predictive value, sensitivity and specificity in relation to diagnostic tests	CbD, mini-CEX	1
Skills		
Interprets clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	CbD, mini-CEX	1
Incorporates an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning	CbD, mini-CEX	1
Recognises critical illness and responds with due urgency	CbD, mini-CEX	1
Generates plausible hypothesis(es) following patient assessment	CbD, mini-CEX	1
Constructs a concise and applicable problem list using available information	CbD, mini-CEX	1
Constructs an appropriate management plan in conjunction with the patient, carers and other members of the clinical team and communicates this effectively to the patient, parents and carers where relevant	CbD, mini-CEX	1,3,4

Defines the relevance of an estimated risk of a future event to an individual patient	CbD, mini-CEX	1
Uses risk calculators appropriately	CbD, mini-CEX	1
Considers the risks and benefits of screening investigations	CbD, mini-CEX	1
Applies quantitative data of risks and benefits of therapeutic intervention to an individual patient	CbD, mini-CEX	1
Searches and comprehends medical literature to guide reasoning	AA, CbD	1
Behaviours		
Recognises the difficulties in predicting occurrence of future events	CbD, mini-CEX	1
Shows willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	CbD, mini-CEX	3
Shows willingness to adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers	CbD, mini-CEX	3
Is willing to facilitate patient choice	CbD, mini-CEX	3
Shows willingness to search for evidence to support clinical decision making	CbD, mini-CEX	1,4
Demonstrates ability to identify one's own biases and inconsistencies in clinical reasoning	CbD, mini-CEX	1,3
Level Descriptor		
1	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 patient's wishes and records them accurately and succinctly		
2	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		
3	In a complex, non-emergency 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		

C 6 The Patient as Central Focus of Care

To develop the ability to prioritise the patient's agenda encompassing their beliefs, concerns expectations and needs

Knowledge	Assessment Methods	GMP
Outlines health needs of particular populations e.g.adolescents/young adults ethnic minorities and recognises the impact of health beliefs, culture and ethnicity in presentations of physical and psychological conditions	CbD	1
Skills		
Gives adequate time for patients and carers to express their beliefs ideas, concerns and expectations	mini-CEX, PS	1,3,4
Responds to questions honestly and seek advice if unable to answer	CbD, mini-CEX	3
Encourages the health care team to respect the philosophy of patient focussed care	CbD, mini-CEX, MSF	3
Develops a self-management plan with the patient	CbD, mini-CEX, PS	1,3
Supports patients, parents and carers where relevant to comply with management plans	CbD, mini-CEX, PS	3
Encourages patients to voice their preferences and personal choices about their care	mini-CEX, PS	3
Behaviours		
Supports patient self-management	CbD, mini-CEX, PS	3
Recognises the duty of the medical professional to act as patient advocate	CbD, mini-CEX, MSF, PS	3,4
Level Descriptor		
1	Responds honestly and promptly to patient questions but knows when to refer for senior help Recognises the need for disparate approaches to individual patients Is always respectful to patients Introduces self clearly to patients and indicates own place in team Always checks that patient is comfortable and willing to be seen; asks about and explains all elements of examination before undertaking even taking a pulse Always warns patient of any procedure and is aware of the notion of implicit consent Never undertakes consent for a procedure that he/she is not competent to do Always seeks senior help when does not know answer to patient's queries Always asks patient if there is anything else they need to know or ask		
2	Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope Is sensitive to patient's own cultural concerns and norms Is able to explain diagnoses and medical procedures in ways that enable patient to understand and make decisions about their own health care		
3	Deals rapidly with more complex situations, promotes patient's self care and ensures all opportunities are outlined Is able to discuss complex questions and uncertainties with patients and to enable them to make decisions about difficult aspects of their health – e.g. to opt for no treatment or to make end of life decisions		

C 7 Prioritisation of Patient Safety in Clinical Practice

To understand that patient safety depends on the effective and efficient organisation of care, and health care staff working well together

To understand that patient safety depends on safe systems not just individual competency and safe practice

To never compromise patient safety

To understand the risks of treatments and to discuss these honestly and openly with patients so that patients are able to make decisions about risks and treatment options

To ensure that all staff are aware of risks and work together to minimise risk

Knowledge	Assessment Methods	GMP
Outlines the features of a safe working environment	CbD, mini-CEX	1
Outlines the hazards of medical equipment in common use	CbD	1
Recalls side effects and contraindications of medications prescribed	CbD, mini-CEX	1
Recalls principles of risk assessment and management	CbD	1
Recalls the components of safe working practice in the personal, clinical and organisational settings	CbD	1
Outlines local procedures and protocols for optimal practice e.g. massive blood loss protocol, safe prescribing	CbD, mini-CEX	1
Understands the investigation of significant events, serious untoward incidents and near misses	CbD, mini-CEX	1
Skills		
Recognises limits of own professional competence and only practises within these	CbD, mini-CEX	1
Recognises when a patient is not responding to treatment and reassesses the situation; encourages others to do the same	CbD, mini-CEX	1
Ensures the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	CbD, mini-CEX	1
Improves patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	CbD, mini-CEX	1,3
Sensitively counsels a colleague following a significant untoward event, or near incident, to encourage improvement in practice of individual and unit	CbD	3
Recognises and responds to the manifestations of a patient's deterioration or lack of improvement (symptoms, signs, observations, and laboratory results) and supports other members of the team to act similarly	CbD, mini-CEX, MSF	1
Behaviours		
Continues to maintain a high level of safety awareness and consciousness at all times	CbD, mini-CEX	2
Encourages feedback from all members of the team on safety issues	CbD, mini-CEX, MSF	3
Reports serious untoward incidents and near misses and co-operates with the investigation of the same	CbD, mini-CEX, MSF	3
Shows willingness to take action when concerns are raised about performance of members of the healthcare team, and acts appropriately when these concerns are voiced to you by others	CbD, mini-CEX, MSF	3

Continues to be aware of one's own limitations, and operates within them competently	CbD, mini-CEX	1

	Level Descriptor		
1	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 Does not hurry patients into decisions 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		
2	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 Is able to work with and when appropriate lead the whole clinical team Promotes patient's safety to more junior colleagues Recognises untoward or significant events and always reports these. Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes. Able to undertake a root cause analysis		
3	Able to assess the risks across the system of care and to work with colleagues from different department or sectors to ensure safety across the health care system Involves the whole clinical team in discussions about patient safety Shows support for junior colleagues who are involved in untoward events Is fastidious about following safety protocols and ensures that junior colleagues to do the same. Is able to explain the rationale for protocols Demonstrates ability to lead an investigation of a serious untoward incident or near miss and synthesise an analysis of the issues and plan for resolution or adaptation		

C 8 Team Working and Patient Safety

To develop the ability to work well in a variety of different teams and team settings – for example the ward team and the infection control team – and to contribute to discussion on the team's role in patient safety

To develop the leadership skills necessary to lead teams so that they are more effective and better able to deliver safer care

Knowledge	Assessment Methods	GMP
Outlines the components of effective collaboration and team working	CbD	1
Describes the roles and responsibilities of members of the healthcare team	CbD	1
Outlines factors adversely affecting a doctor's and team performance and methods to rectify these	CbD	1
Skills		
Practises with attention to the important steps of providing good continuity of care	CbD, mini-CEX	1,3,4
Accurate attributable note-keeping, including appropriate use of electronic clinical record systems	CbD, mini-CEX	1,3
Prepares patient lists with clarification of problems and ongoing care plan	CbD, mini-CEX, MSF	1

Detailed hand over between shifts and areas of care	CbD, mini-CEX, MSF	1,3
Demonstrates leadership and management in the following areas:	CbD, mini-CEX	1,2,3
• Education and training of junior colleagues and other members of the healthcare team		
• Deteriorating performance of colleagues (e.g. stress, fatigue)		
• High quality care		
• Effective handover of care between shifts and teams		
Leads and participates in interdisciplinary team meetings	CbD, mini-CEX	3
Provides appropriate supervision to less experienced colleagues	CbD, MSF	3
Behaviours		
Encourages an open environment to foster and explore concerns and issues about the functioning and safety of team working	CbD, MSF	3
Recognises limits of own professional competence and only practises within these	CbD, MSF	3
Recognises and respects the request for a second opinion	CbD, MSF	3
Recognises the importance of induction for new members of a team	CbD, MSF	3
Recognises the importance of prompt and accurate information sharing with Primary Care team following hospital discharge	CbD, mini-CEX, MSF	3
Level Descriptor		
1	Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members Keeps records up-to-date and legible and relevant to the safe progress of the patient Hands over care in a precise, timely and effective manner	
2	Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams – for example the ward team and the infection control team – and to contribute to discussion on the team's role in patient safety Develops the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care	
3	Leads multidisciplinary team meetings but promotes contribution from all team members Recognises need for optimal team dynamics and promotes conflict resolution Demonstrates ability to convey to patients after a handover of care that, although there is a different team, the care is continuous	
4	Leads multi-disciplinary team meetings allowing all voices to be heard and considered; fosters an atmosphere of collaboration Recognises situations in which others are better equipped to lead or where delegation is appropriate Demonstrates ability to work with the virtual team Ensures that team functioning is maintained at all times Promotes rapid conflict resolution	

C 9 Principles of Quality and Safety Improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety		
Knowledge	**Assessment Methods**	**GMP**
Understands the elements of clinical governance	CbD, MSF	1
Recognises that governance safeguards high standards of care and facilitates the development of improved clinical services	CbD, MSF	1,2
Defines local and national significant event reporting systems e.g SHOT and SABRE, HTA	CbD, mini-CEX	1
Recognises importance of evidence-based practice in relation to clinical effectiveness	CbD	1
Outlines local health and safety protocols (fire, manual handling etc)	CbD	1
Understands risk associated with the trainee's specialty work including biohazards and mechanisms to reduce risk	CbD	1
Outlines the use of patient early warning systems to detect clinical deterioration where relevant to the trainee's clinical specialty	CbD, mini-CEX	1
Keeps abreast of national patient safety initiatives including National Patient Safety Agency , NCEPOD reports, NICE guidelines etc	CbD, mini-CEX	1
Skills		
Adopts strategies to reduce risk	CbD	1,2
Contributes to quality improvement processes e.g:	AA, CbD	2
• Audit of personal and departmental/directorate/practice performance		
• Errors / discrepancy meetings		
• Critical incident and near miss reporting		
• Unit morbidity and mortality meetings		
• Local and national databases		
Maintains a portfolio of information and evidence, drawn from own medical practice	CbD	2
Reflects regularly on own standards of medical practice in accordance with GMC guidance on licensing and revalidation	AA	1,2,3,4
Behaviours		
Shows willingness to participate in safety improvement strategies such as critical incident reporting	MSF	3
Develops reflection in order to achieve insight into own professional practice	MSF	3
Demonstrates personal commitment to improve own performance in the light of feedback and assessment	CbD, MSF	3
Engages with an open no blame culture	CbD, MSF	3
Responds positively to outcomes of audit and quality improvement	CbD, MSF	1,3
Co-operates with changes necessary to improve service quality and safety	AA, CbD, MSF	1,2

Level Descriptor			
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services Maintains personal portfolio		
2	Able to define key elements of clinical governance i.e. 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		
3	Demonstrates personal and service performance Designs audit protocols and completes audit cycle through an understanding the relevant changes needed to improve care and is able to support the implementation of change		
4	Leads in review of patient safety issues Implements change to improve service Understands change management Engages and guides others to embrace high quality clinical governance		

C 10 Infection Control

To develop the ability to manage and control infection in patients, including controlling the risk of cross-infection, appropriately managing infection in individual patients, and working appropriately within the wider community to manage the risk posed by communicable diseases		
Knowledge	**Assessment Methods**	**GMP**
Understands the principles of infection control as defined by the GMC	CbD, mini-CEX	1
Understands the principles of preventing infection in high risk groups (e.g. managing antibiotic use to reduce Clostridium difficile infection,) including understanding the local antibiotic prescribing policy	CbD, mini-CEX	1
Understands the role of Notification of diseases within the UK and identifies the principle notifiable diseases for UK and international purposes	CbD, mini-CEX	1
Understands the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC)	CbD	1
Understands the role of the local authority in relation to infection control	CbD, mini-CEX	1
Skills		
Recognises the potential for infection within patients being cared for	CbD	1,2
Counsels patient on matters of infection risk, transmission and control	CbD, mini-CEX, PS	2,3
Actively engages in local infection control procedures	CbD	1
Actively engages in local infection control monitoring and reporting processes	CbD	1,2
Prescribes antibiotics according to local antibiotic guidelines and works with microbiological services where this is not possible	CbD, mini-CEX	1
Recognises potential for cross-infection in clinical settings	CbD, mini-CEX	1,2
Practices aseptic technique whenever relevant	DOPS	1
Behaviours		

Encourages all staff, patients and relatives to observe infection control principles		CbD, MSF	1,3
Recognises the risk of personal ill-health as a risk to patients and colleagues in addition to its effect on performance		CbD, MSF	1,3
Level Descriptor			
1	Always follows local infection control protocols, including washing hands before and after seeing all patients Is able to explain infection control protocols to students and to patients and their relatives 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		
2	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 prevention messages to prevent re-infection or spread Liaises with diagnostic departments in relation to appropriate investigations and tests Knowledge of which diseases should be notified and undertake notification promptly		
3	Demonstrates an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout Identifies potential for infection amongst high risk patients, obtaining appropriate investigations and considering the use of second line therapies Communicates effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy Works effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy Works in collaboration with external agencies in relation to reporting common notifiable diseases, and collaborates over any appropriate investigation or management		
4	Demonstrates an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily Identifies the possibility of unusual and uncommon infections and the potential for atypical presentation of more frequent infections. Manages these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists Works in collaboration with diagnostic departments to investigate and manage the most complex types of infection, including those potentially requiring isolation facilities Works in collaboration with external agencies to manage the potential for infection control within the wider community, including communicating effectively with the general public and liaising with regional and national bodies where appropriate		

C 11 Managing Long Term Conditions and Promoting Patient Self-Care

To pursue a holistic and long term approach to the planning and implementation of patient care, in particular to identify and facilitate the patient's role in their own care		
Knowledge	**Assessment Methods**	**GMP**
Describes the natural history of diseases and illnesses that run a chronic course	CbD, mini-CEX	1
Defines the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	CbD, mini-CEX	1
Outlines the concept of quality of life and how this can be measured, whilst understanding the limitations of such measures for individual patients	CbD	1
Outlines the concept of patient self-care and the role of the expert patient	CbD, mini-CEX	1
Knows, understands and is able to compare and contrast the medical and social models of disability	CbD	1
Knows about the key provisions of disability discrimination legislation	CbD	1
Understands the relationship between local health, educational and social service provision including the voluntary sector	CbD	1
Understand the experience of adolescents and young adults with long term conditions and/or disablility diagnosed in childhood requiring transition into adult services and the potential implications on psychological, social and educational/vocational development (including awareness of the Disability Discrimination Act) and how developmental stage may impact on self management	CbD, mini-CEX	1
Skills		
Develops and agrees on a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways where relevant	CbD, mini-CEX, PS	1,3
Develops and sustains supportive relationships with patients with whom care will be prolonged and potentially life long	CbD, mini-CEX, PS	1,4
Provides relevant evidence-based information and, where appropriate, effective patient education, with support of the multi-disciplinary team	CbD, mini-CEX, PS	1,3,4
Promotes and encourages involvement of patients in appropriate support networks, both to receive support and to give support to others	CbD, PS	1,3
Encourages and supports patients in accessing appropriate information	CbD, PS	1,3
Behaviours		
Shows willingness and support for patient in his/her own advocacy, within the constraints of available resources and taking into account the best interests of the wider community	CbD, mini-CEX	3,4
Recognises the potential impact of long term conditions on the patient, family and friends	CbD, mini-CEX	1
Provides relevant tools and devices when possible	CbD, mini-CEX	1
Ensures equipment and devices relevant to the patient's care are discussed	PS	1,2,4
Puts patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate	CbD, mini-CEX	1,3

Provides the relevant tools and devices when possible	CbD, mini-CEX	1,2
Shows willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care, and adapt appropriately as those members change over time	CbD, mini-CEX, PS	1,3,4
Shows willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care	CbD, mini-CEX, MSF	3
Shows a willingness to engage with expert patients and representatives of charities or networks that focus on diseases and recognises their role in supporting patients and their families/carers	PS	1,3
Recognises and respects the role of family, friends and carers in the management of the patient with a long term condition	CbD, mini-CEX, PS	1,3
Puts patients in touch with the relevant agency, including the voluntary sector from where they can procure the items as appropriate	PS	1,3,4

Level Descriptor			
1	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 Is aware 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 self management		
2	Demonstrates awareness of management of relevant long term conditions Is aware of the tools and devices that can be used in long term conditions Is aware 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		
3	Develops management plans in partnership with the patient that are pertinent to the patient's long term condition Can use relevant tools and devices in improving patient care Engages with relevant external agencies to promote improving patient care		
4	Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions Helps the patient networks develop and strengthen		

C 12 Relationships with Patients and Communication within a Consultation

To recognise the need, and develop the abilities, to communicate effectively and sensitively with patients, relatives and carers		
Knowledge	**Assessment Methods**	**GMP**
How to structure a consultation appropriately	CbD, mini-CEX, PS	1
The importance of the patient's background, culture, education and preconceptions (beliefs, ideas, concerns, expectations) to the process	CbD, mini-CEX, PS	1
Understand the importance of the developmental stage when communicating with adolescents and young adults	CbD, mini-CEX, PS	1
Skills		
Establishes a rapport with the patient and any relevant others (e.g. carers)	CbD, mini-CEX, PS	1,3

Utilises open and closed questioning appropriately	PS	1,3
Listens actively and questions sensitively to guide the patient and to clarify information	mini-CEX, PS	1,3
Identifies and manages communication barriers, tailoring language to the individual patient and others, and using interpreters when indicated	CbD, mini-CEX, PS	1,3
Delivers information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)	CbD, mini-CEX	1,3,4
Uses, and refers patients to, appropriate written and other evidence based information sources	CbD, mini-CEX	1,3
Checks the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	CbD, mini-CEX	1,3
Indicates when the consultation is nearing its end and concludes with a summary and appropriate action plan; asks the patient to summarise back to check his/her understanding	CbD, mini-CEX	1,3
Makes accurate contemporaneous records of the discussion	CbD, mini-CEX	1,3
Manages follow-up effectively and safely, utilising a variety if methods (e.g. phone call, email, letter)	CbD, mini-CEX	1
Ensures appropriate referral and communications with other healthcare professional resulting from the consultation are made accurately and in a timely manner	CbD	1,3
Behaviours		
Approaches the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language and endeavouring to ensure an appropriate physical environment - act as an equal not a superior	CbD, mini-CEX, MSF, PS	1,3,4
Ensures appropriate personal language and behaviour	PS	1,3
Ensures that the approach is inclusive and patient-centred, and respects the diversity of values in patients, carers and colleagues	CbD, mini-CEX, MSF, PS	1,3
Is willing to provide patients with a second opinion	CbD, mini-CEX, MSF, PS	1,3
Uses different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	CbD, mini-CEX, MSF	1,3
Is confident and positive in own values	CbD, mini-CEX	1,3
Level Descriptor		
1	Conducts simple consultation with due empathy and sensitivity and writes accurate records thereof	
2	Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred	
3	Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport	
4	Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur	

C 13 Breaking Bad News

To recognise the fundamental importance of breaking bad news

To develop strategies for skilled delivery of bad news according to the needs of individual patients and their relatives / carers

Knowledge	Assessment Methods	GMP
How bad news is delivered irretrievably affects the subsequent relationship with the patient	CbD, mini-CEX, MSF, PS	1
Every patient may desire different levels of explanation and have different responses to bad news	CbD, mini-CEX, PS	1,4
That bad news is confidential but the patient may wish to be accompanied	CbD, mini-CEX, PS	1
Once the news is given, patients are unlikely to take anything subsequent in, so an early further appointment should be made	CbD, mini-CEX	1,3
Breaking bad news can be extremely stressful for the doctor or professional involved	CbD, mini-CEX	1,3
The interview at which bad news is given may be an educational opportunity	CbD, mini-CEX	1
It is important to: • Prepare for breaking bad news • Set aside sufficient uninterrupted time • Choose an appropriate private environment and ensure that there will be no unplanned disturbances • Have sufficient information regarding prognosis and treatment • Ensure the individual has appropriate support if desired • Structure the interview • Be honest, factual, realistic and empathic • Be aware of relevant guidance documents	CbD, mini-CEX	1,3
'Bad news' may be expected or unexpected and it cannot always be predicted	CbD, mini-CEX	1
Sensitive communication of bad news is an essential part of professional practice	CbD, mini-CEX	1
'Bad news' has different connotations depending on the context, individual, social and cultural circumstances	CbD, mini-CEX, PS	1
That a post mortem examination may be required and understand what this involves	CbD, mini-CEX, PS	1
The local organ retrieval process	CbD, mini-CEX	1
Skills		
Demonstrates to others good practice in breaking bad news	MSF	1,3
Involves patients and carers in decisions regarding their future management	CbD, MSF	1,3,4
Recognises the impact of the bad news on the patient, carer, supporters, staff members and self	MSF	
Encourages questioning and ensures comprehension	Cbd, mini-CEX, MSF	1,3

	Assessment	GMP
Responds to verbal and visual cues from patients and relatives	Cbd, mini-CEX, MSF	1,3
Acts with empathy, honesty and sensitivity, avoiding undue optimism or pessimism	Cbd, mini-CEX, MSF	1,3
Structures the interview, for example: • Sets the scene • Establishes understanding • Discusses diagnosis(es), implications, treatment, prognosis and subsequent care	Cbd, mini-CEX, MSF	1,3
Behaviours		
Takes leadership in breaking bad news	CbD, MSF	1
Respects the different ways people react to bad news	CbD, MSF	1
Ensures appropriate recognition and management of the impact of breaking bad news on the doctor	MSF	1,3
Level Descriptor		
1	Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases	
2	Able to break bad news in planned settings with preparatory discussion with seniors Prepares well for interview Prepares patient to receive bad news Responsive to patient reactions	
3	Able to break bad news in unexpected and planned settings Structures the interview clearly Establishes what patient wants to know and ensures understanding Able to conclude interview	
4	Skilfully delivers bad news in any circumstance including adverse events Arranges follow up as appropriate Able to teach others how to break bad news	

C 14 Complaints and Medical Error

To recognise the causes of error and to learn from them; to realise the importance of honesty and effective apology and to take a leadership role in the handling of complaints		
Knowledge	**Assessment Methods**	**GMP**
Basic consultation techniques and skills described for Foundation programme, including:	CbD, MSF	1
• Describes the local complaints procedure		
• Recognises factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes etc)		
• Adopts behaviour likely to prevent causes for complaints		
• Deals appropriately with concerned or dissatisfied patients or relatives		

• Recognises when something has gone wrong and identifies appropriate staff to communicate this to		
• Acts with honesty and sensitivity in a non-confrontational manner		
Outlines the principles of an effective apology	CbD, MSF	1
Identifies sources of help and support for patients and yourself when a complaint is made about yourself or a colleague	CbD, MSF	1
Skills		
Contributes to processes whereby complaints are reviewed and learned from	CbD, MSF	1
Explains comprehensibly to the patient the events leading up to a medical error or serious untoward incident, and sources of support for patients and their relatives	CbD, MSF	1,3
Delivers an appropriate apology and explanation (either of error or for process of investigation of potential error and reporting of the same)	CbD, MSF	1,3,4
Distinguishes between system and individual errors (personal and organisational)	CbD, MSF	1
Shows an ability to learn from previous error	CbD, MSF	1
Behaviours		
Takes leadership over complaint issues	CbD, MSF	1
Recognises the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, MSF	1,3
Contributes to a fair and transparent culture around complaints and errors	CbD, MSF	1
Recognises the rights of patients, family members and carers to make a complaint	CbD, MSF	1,4
Recognises the impact of a complaint upon self and seeks appropriate help and support	CbD	1,2,3
Level Descriptor		
1	If an error is made, immediately rectifies it and/or reports it Apologises to patient for any failure as soon as it is recognised, however small Understands and describes the local complaints procedure Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors	
2	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error	
3	Recognises and manages the effects of any complaint within members of the team	
4	Provides timely, accurate written responses to complaints when required Provides leadership in the management of complaints	

C 15 Communication with Colleagues and Cooperation

To recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals To communicate succinctly and effectively with other professionals as appropriate		
Knowledge	**Assessment Methods**	**GMP**
Understands the section in 'Good Medical Practice' on Working with Colleagues, in particular:	CbD, MSF	1
• The roles played by all members of a multi-disciplinary team	CbD, MSF	1
• The features of good team dynamics	CbD, MSF	1
• The principles of effective inter-professional collaboration to optimise patient, or population, care	CbD, MSF	1
Understands the principles of confidentiality that provide boundaries to communication	CbD	1,3,4
Skills		
Communicates accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred	CbD	1,3
Utilises the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	CbD, MSF	1,3
Participates in an out-of-hours rota and liaises with hospital-at-night team where relevant;	CbD, MSF	1
Communicates effectively with administrative bodies and support organisations	CbD, MSF	1,3
Employs behavioural management skills with colleagues to prevent and resolve conflict and enhance collaboration	CbD, MSF	1,3
Behaviours		
Is aware of the importance of and takes part in multi-disciplinary teamwork, including adoption of a leadership role when appropriate but also recognising where others are better equipped to lead	CbD, mini-CEX, MSF	3
Fosters a supportive and respectful environment where there is open and transparent communication between all team members	CbD, mini-CEX, MSF	1,3
Ensures appropriate confidentiality is maintained during communication with any member of the team	CbD, mini-CEX, MSF	1,3
Recognises the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place	MSF	1
Is prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues, ensuring that the best interests of the patient are paramount	MSF	1
Level Descriptor		
1 Accepts own role in the healthcare team and communicates appropriately with all relevant members		

	thereof
	Knows who the other members of the team are and ensures effective communication
2	Fully recognises 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 aware of their roles
3	Able to predict and manage conflict between members of the healthcare team
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members

C 16 Health Promotion and Public Health

To develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community		
Knowledge	**Assessment Methods**	**GMP**
Understands the factors which influence the incidence and prevalence of common conditions	CbD, mini-CEX	1
Understands the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	CbD, mini-CEX	1
Understands the influence of culture and beliefs on patient's perceptions of health	CbD, mini-CEX	1
Understands the purpose of screening programmes and knows in outline the common programmes available within the UK	CbD, mini-CEX	1
Understands the positive and negative effects of screening on the individual	CbD, mini-CEX	1
Understands the role of other agencies and factors, including the impact of globalisation in increasing disease and in protecting and promoting health	CbD, mini-CEX	1
Demonstrates knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues, including the impact of the developed world strategies on the third world	CbD, mini-CEX	1
Recalls the effect of addictive and self harming behaviours, especially substance misuse and gambling, on personal and community health and poverty	CbD, mini-CEX	1
Skills		
Identifies opportunities to prevent ill health and disease in patients	CbD, mini-CEX, PS	1,2
Identifies opportunities to promote changes in lifestyle and other actions which will positively improve health and/or disease outcomes.	CbD, mini-CEX	1,2
Identifies the interaction between mental, physical and social wellbeing in relation to health	CbD, mini-CEX	1
Counsels patients appropriately on the benefits and risks of screening and health promotion activities	CbD, mini-CEX, PS	1, 3
Identifies patient's ideas, concerns and health beliefs regarding screening and health promotions programmes and is capable of appropriately responding to these	CbD, mini-CEX,	1,3
Works collaboratively with other agencies to improve the health of communities	CbD, mini-CEX	1
Behaviours		

Engages in effective team-working around the improvement of health	CbD, MSF	1,3
Encourages, where appropriate, screening to facilitate early intervention	CbD	1

Level Descriptor		
1	Discusses with patients others factors which could influence their personal health Maintains own health and is aware of own responsibility as a doctor for promoting healthy approach to life	
2	Supports an individual in a simple health promotion activity (e.g. smoking cessation)	
3	Knowledge of local public health and communicable disease networks Communicates to an individual and their relatives information about the factors which influence their personal health Provides information to an individual about a screening programme and offers information about its risks and benefits	
4	Provides information to an individual about a screening programme, offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual Engages with local or regional initiatives to improve individual health and reduce inequalities in health between communities	

C 17 Principles of Medical Ethics and Confidentiality

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality		
Knowledge	**Assessment Methods**	**GMP**
Demonstrates knowledge of the principles of medical ethics	CbD, mini-CEX	1
Outlines and follows the guidance given by the GMC on confidentiality	CbD, mini-CEX	1
Defines the provisions of the Data Protection Act and Freedom of Information Act	CbD, mini-CEX	1
Defines the principles of Information Governance	CbD, mini-CEX	1
Defines the role of the Caldicott Guardian and Information Governance lead within an institution, and outlines the process of attaining Caldicott approval for audit or research	CbD	1,4
Outlines situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interest	mini-CEX	1,4
Outlines the procedures for seeking a patient's consent for disclosure of identifiable information	CbD, mini-CEX	1
Recalls the obligations for confidentiality following a patient's death	CbD, mini-CEX	1,4
Recognises the problems posed by disclosure in the public interest, without patient's consent	CbD, mini-CEX	1,4
Recognises the factors influencing ethical decision making, including religion, personal and moral beliefs, cultural practices	CbD, mini-CEX	1
Do not resuscitate – defines the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	CbD, mini-CEX	1
Recognises the role and legal standing of advance directives	CbD, mini-CEX	1
Outlines the principles of the Mental Capacity Act	CbD, mini-CEX	1

Skills		
Uses and shares information with the highest regard for confidentiality, and encourages such behaviour in other members of the team	CbD, MSF	1,2,3
Uses and promotes strategies to ensure confidentiality is maintained e.g. anonymisation	CbD	1
Counsels patients on the need for information distribution within members of the immediate healthcare team	CbD, mini-CEX, MSF	1,3
Counsels patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, PS	1,3
Behaviours		
Encourages informed ethical reflection in others	CbD, MSF	1
Shows willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	CbD, mini-CEX, MSF	1
Respects patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	CbD, mini-CEX, PS	1,4
Shows willingness to share information regarding care with patients, unless they have expressed a wish not to receive such information	CbD, mini-CEX	1,3
Shows willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, MSF	1,3
Level Descriptor		
1	Respects patient's confidentiality and their autonomy Understands, in respect of information about patients, the need for highest regard for confidentiality adhering to the Data Protection Act 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 these two acts Understands that the information in patient's notes is theirs Only shares information outside the clinical team and the patient after discussion with senior colleagues Familiarity with the principles of the Mental Capacity Act; 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,) to discuss with a senior colleague Participates in decisions about resuscitation status and withholding or withdrawing treatment		
2	Counsels patient on the need for information distribution within members of the immediate healthcare team and seeks patient's consent for disclosure of identifiable information Discusses with patient with whom they would like information about their health to be shared		
3	Defines the role of the Caldicott Guardian within an institution, and outlines the process of attaining Caldicott approval for audit or research Understands the importance of considering the need for ethical approval when patient information is to be used for anything other than the individual's care Understands the difference between confidentiality and anonymity Knows the process for gaining ethical approval for research		
4	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment Able to support the decision making on behalf of those who are not competent to make decisions about their own care		

C 18 Valid Consent

To understand the necessity of obtaining valid consent from the patient and how to obtain it		
Knowledge	**Assessment Methods**	**GMP**
Outlines the guidance given by the GMC on consent, in particular: • Understands that consent is a process that may culminate in, but is not limited to, the completion of a consent form • Understands the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	CbD, MSF	1
Understand the legal aspects of consent in respect to young people	CbD, MSF	1
Skills		
Presents all information to patients (and carers) in a format they understand, checking understanding and allowing time for reflection on the decision to give consent	CbD, mini-CEX, PS	1,3
Provides a balanced view of all care options	CbD, mini-CEX, PS	1,3,4
Behaviours		
Respects a patient's rights of autonomy, even in situations where their decision might put them at risk of harm	CbD, mini-CEX, PS	1
Does not exceed the scope of authority given by a competent patient	CbD, mini-CEX, PS	1
Does not withhold information relevant to proposed care or treatment in a competent patient	CbD, mini-CEX	1,3,4
Does not seek to obtain consent for procedures which they are not competent to perform, in accordance with GMC/regulatory	CbD, mini-CEX	1,3
Shows willingness to seek advance directives	mini-CEX, MSF	
Shows willingness to obtain a second opinion, senior opinion and legal advice in difficult situations of consent or capacity	CbD, mini-CEX, MSF	1,3
Informs a patient and seeks alternative care where personal, moral or religious belief prevents a usual professional action	CbD, mini-CEX, PS	1,3,4
Level descriptor		
1	Understands that consent should be sought ideally by the person undertaking a procedure and if not by someone competent to undertake the procedure Understands consent as a process Ensures always to check for consent for the most simplest and non-invasive processes – e.g. history taking; understands the concept of "implicit consent" Obtains consent for straightforward treatments that he/she is competent to undertake with appropriate regard for patient's autonomy	
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent Responds appropriately when a patient declines consent even when the procedure would, on balance of probability, benefit the patient	
3	Obtains consent in 'grey-area' situations where the best option for the patient is not clear	
4	Obtains consent in all situations, even when there are problems of communication and capacity	

C 19 Legal Framework for Practice

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		
Knowledge	**Assessment Methods**	**GMP**
All decisions and actions must be in the best interests of the patient	CbD, mini-CEX	1
Understands the legislative framework within which healthcare is provided in the UK and/or devolved administrations, in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; including issues around safeguarding children and young people, mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities	CbD, mini-CEX	1,2
Understands the differences between health related legislation in the four countries of the UK	CbD	1
Understands sources of medical legal information	CbD, mini-CEX	1
Understands disciplinary processes in relation to medical malpractice	CbD, mini-CEX, MSF	1
Understands the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	CbD, mini-CEX, MSF	1
Skills		
Ability to cooperate with other agencies with regard to legal requirements, including reporting to the Coroner's/Procurator Officer, the Police or the proper officer of the local authority in relevant circumstances	CbD, mini-CEX	1
Ability to prepare appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	CbD, MSF	1
Is prepared to present such material in Court	CbD, mini-CEX	1
Incorporates legal principles into day-to-day practice	CbD, mini-CEX	1
Practices and promotes accurate documentation within clinical practice	CbD, mini-CEX	1,3
Behaviour		
Shows willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the GMC on medico-legal matters	CbD, mini-CEX, MSF	1
Promotes informed reflection on legal issues by members of the team; all decisions and actions must be in the best interests of the patient	CbD, mini-CEX, MSF	1,3
Level Descriptor		
1	Knows the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC Knows the limits to professional capabilities, particularly those of pre-registration doctors	
2	Identifies to Senior Team Members cases which should be reported to external bodies and where appropriate, and initiates that report	

	Identifies with Senior Members of the Clinical Team situations where you feel consideration of medical legal matters may be of benefit; is aware of local Trust procedures around substance abuse and clinical malpractice
3	Works with external strategy bodies around cases that should be reported to them; collaborates with them on complex cases preparing brief statements and reports as required Actively promotes discussion on medico-legal aspects of cases within the clinical environment Participates in decision making with regard to resuscitation decisions and around decisions related to driving, discussing the issues openly but sensitively with patients and relatives
4	Works with external strategy bodies around cases that should be reported to them; collaborates with them on complex cases providing full medical legal statements as required and present material in court where necessary Leads the clinical team in ensuring that medico-legal factors are considered openly and consistently wherever appropriate, in the care and best interests of the patient; ensures that patients and relatives are involved openly in all such decisions

C 20 Ethical Research

To ensure that research is undertaken using relevant ethical guidelines		
Knowledge	**Assessment Methods**	**GMP**
Outlines the GMC guidance on good practice in research	CbD	1
Understands the principles of research governance	AA, CbD, mini-CEX	1
Outlines the differences between audit and research	CbD	1
Describes how clinical guidelines are produced	CbD	1
Demonstrates a knowledge of research principles	CbD, mini-CEX	1
Outlines the principles of formulating a research question and designing a project	CbD, mini-CEX	1
Comprehends principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD	1
Outlines sources of research funding	CbD	1
Understands the difference between population-based assessment and unit-based studies and is able to evaluate outcomes for epidemiological work	CbD	1
Skills		
Develops critical appraisal skills and applies these when reading literature	CbD	1
Demonstrates the ability to write a scientific paper	CbD	1
Illustrates ability to apply for ethical research approval.	CbD	1
Demonstrates the use of literature databases	CbD	1
Demonstrates good verbal and written presentations skills	CbD, TO	1
Behaviour		
Follows guidelines on ethical conduct in research and consent for research	CbD	1
Shows willingness to the promotion in research	CbD	1
Level Descriptor		

1	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative Knows how to use databases
2	Demonstrates good presentation and writing skills Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper
3	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research organisation and funding sources Demonstrates ability to write a scientific paper

C 21 Evidence and Guidelines

To develop the ability to make the optimal use of current best evidence in making decisions about the care of patients
To develop the ability to construct evidence based guidelines and protocols in relation to medical practise

Knowledge	Assessment Methods	GMP
Understands of the application of statistics in scientific medical practice	CbD	1
Understands the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)	CbD	1
Understands the principles of critical appraisal	CbD	1
Understands levels of evidence and quality of evidence	CbD	1
Understands the role and limitations of evidence in the development of clinical guidelines and protocols	CbD	1
Understands the advantages and disadvantages of guidelines and protocols	CbD	1
Understands the processes that result in nationally applicable guidelines (e.g. BCSH, NICE and SIGN)	CbD	1
Understands the relative strengths and limitations of both quantitative and qualitative studies, and the different types of each	CbD	1
Skills		
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	CbD	1
Appraises retrieved evidence to address a clinical question	CbD	1
Applies conclusions from critical appraisal into clinical care	CbD	1
Identifies the limitations of research	CbD	1
Contributes to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine	CbD	1
Behaviours		
Keeps up to date with national reviews and guidelines of practice (e.g. BCSH, NICE and SIGN)	CbD	1
Aims for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine	CbD, mini-CEX	1

Recognises the occasional need to practise outside clinical guidelines	CbD, mini-CEX	1
Encourages discussion amongst colleagues on evidence-based practice	CbD, mini-CEX, MSF	1

Level Descriptor		
1	Participates in departmental or other local journal club Critically reviews an article to identify the level of evidence and submits the same for objective review Understands the importance of evidence based practice; is aware of the different levels of evidence
2	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 Able to explain the evidence base of clinical care to patients and to other members of the clinical team
3	Produces a review article on a clinical topic, having reviewed and appraised the relevant literature
4	Performs a systematic review of the medical literature Contributes to the development of local or national clinical guidelines and protocol

C 22 Audit

To develop the ability to perform an audit of clinical practice and to apply the findings appropriately and complete the audit cycle

Knowledge	Assessment Methods	GMP
Understands the different methods of obtaining data for audit, including patient feedback questionnaires, hospital sources and national reference data	AA, CbD	1
Understands the role of audit (improving patient care and services, risk management etc)	AA, CbD	1
Understands the steps involved in completing the audit cycle	AA, CbD	1
Understands the working and uses of national and local databases used for audit, such as specialty data collection systems, cancer registries etc	AA, CbD	1
Understands the working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK	CbD	1
Skills		
Designs, implements and completes audit cycles	AA, CbD	1,2
Contributes to local and national audit projects as appropriate (e.g. NCEPOD,)	AA, CbD	1,2
Supports audit by junior medical trainees and within the multi-disciplinary team	AA, CbD	1,2
Behaviours		
Recognises the need for audit in clinical practice to promote standard setting and quality assurance	AA, CbD	1,2
Level Descriptor		
1	Attendance at departmental audit meetings Contributes data to a local or national audit Suggests ideas for local audits	
2	Identifies a problem and develop standards for a local audit	

	Describes the PDSA (plan, do, study, act) audit cycle and takes an audit through the first steps
3	Compares the results of an audit with criteria and standards to reach conclusions Uses the findings of an audit to develop and implement change Organises or leads a departmental audit meeting Understands the links between audit and quality improvement

C 23 Teaching and Training

To develop the ability to teach to a variety of different audiences in a variety of different ways
To be able to assess the quality of the teaching
To be able to train a variety of different trainees in a variety of different ways
To be able to plan and deliver a training programme with appropriate assessments

Knowledge	Assessment Methods	GMP
Describes relevant educational theories and principles	CbD	1
Outlines adult learning principles relevant to medical education	CbD	1
Demonstrates knowledge of literature relevant to developments and challenges in medical education and other sectors	CbD	1
Outlines the structure of an effective appraisal interview	CbD	1
Defines the roles of the various bodies involved in medical education and other sectors	CbD	1
Identification of learning methods and effective learning objectives and outcomes	CbD	1
Describes the difference between learning objectives and outcomes	CbD	1
Differentiates between appraisal and assessment and performance review and is aware of the need for both	CbD	1
Differentiates between formative and summative assessment and defines their role in medical education	CbD	1
Outlines the structure of the effective appraisal review	CbD	1
Outlines the role of workplace-based assessments, the assessment tools in use, their relationship to course learning outcomes, the factors that influence their selection and the need for monitoring evaluation	CbD	1
Outlines the appropriate local course of action to assist a trainee experiencing difficulty in making progress within their training programme	CbD	1
Skills		
Is able to critically evaluate relevant educational literature	CbD	1
Varies teaching format and stimulus, as appropriate to situation and subject	TO	1
Provides effective and appropriate feedback after teaching, and promotes learner reflection	CbD, MSF	1
Conducts developmental conversations as appropriate, for example, appraisal, supervision, mentoring	CbD, MSF	1
Demonstrates effective lecture, presentation, small group and bedside teaching sessions	CbD, MSF, TO	1,3
Provides appropriate career support, or refers trainee to an alternative	CbD, MSF	1,3

effective source of career information		
Participates in strategies aimed at improving patient education e.g. talking at support group meetings	CbD, MSF, TO	1
Is able to lead departmental teaching programmes, including journal clubs	CbD, TO	1
Recognises the trainee in difficulty and takes appropriate action, including where relevant referral to other services	CbD	1
Is able to identify and plan learning activities in the workplace	CbD, TO	1
Is able to manage personal time and resources effectively to the benefit of the educational faculty and the need of the learners	CbD	1
Behaviour		
In discharging educational duties acts to maintain the dignity and safety of patients at all times	CbD, MSF	1,4
Recognises the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	CbD, MSF	1
Balances the needs of service delivery with education	CbD, MSF	1
Demonstrates willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills and to improve patient care	CbD, MSF	1
Demonstrates consideration for learners, including their emotional, physical and psychological wellbeing, along with their development needs; acts to ensure equality of opportunity for students, trainees, staff and professional colleagues	MSF	1,4
Encourages discussions with colleagues in clinical settings to share knowledge and understanding	CbD, MSF, TO	1,3
Maintains honesty and objectivity during appraisal and assessment	CbD, MSF, TO	1
Shows willingness to participate in workplace-based assessments and demonstrates a clear understanding of their purpose	CbD, MSF, TO	1
Shows willingness to take up formal training as a trainer and responds to feedback obtained after teaching sessions	CbD, MSF, TO	1,3
Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others	CbD, MSF, TO	1
Recognises the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	CbD, MSF, TO	1
Demonstrates a willingness to advance own educational capability through continuous learning	CbD, MSF, TO	1
Acts to enhance and improve educational provision through evaluation of own practice	CbD	1
Contributes to educational policy and development at local or national levels	MSF	1
Level Descriptor		
1	Able to prepare appropriate materials to support teaching episodes Able to seek and interpret simple feedback following teaching	
2	Able to supervise a medical student, nurse or colleague through a procedure	

	Able to perform a workplace based assessment including being able to give effective and appropriate feedback	
	Delivers small group teaching to medical students, nurses or colleagues	
	Able to teach clinical skills effectively	
3	Able to devise a variety of different assessments (e.g. multiple choice questions, work place based assessments)	
	Able to appraise a medical student, nurse or colleague	
	Able to act as a mentor to a medical student, nurses or colleague	

C 24 Personal Behaviour

To develop the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes. To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective

To develop the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem. To become someone who is trusted and is known to act fairly in all situations

Knowledge	Assessment Methods	GMP
Recalls and builds upon the competencies defined in the Foundation Programme and core medical training curriculum :	CbD, mini-CEX, MSF, PS	1,2,3,4
• Deals with inappropriate patient and family behaviour		
• Respects the rights of children, elderly, people with physical, mental, learning or communication difficulties		
• Adopts an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability and sexuality		
• Places needs of patients above own convenience		
• Behaves with honesty and probity		
• Acts with honesty and sensitivity in a non-confrontational manner		
• Knows the main methods of ethical reasoning: casuistry, ontology and consequential		
• Understands the overall approach of value-based practice and how this relates to ethics, law and decision-making		
Defines the concept of modern medical professionalism	CbD	1
Outlines the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, Postgraduate Dean, BMA, specialist societies, medical defence societies)	CbD	1
Skills		
Practises with professionalism including:	CbD, mini-CEX, MSF, PS	1,2,3,4
• Integrity		
• Compassion		
• Altruism		
• Continuous improvement		

• Aspiration to excellence		
• Respect of cultural and ethnic diversity		
• Regard to the principles of equity		
Works in partnership with patients and members of the wider healthcare team	CbD, mini-CEX, MSF	3
Liaises with colleagues to plan and implement work rotas	MSF	3
Promotes awareness of the doctor's role in utilising healthcare resources optimally and within defined resource constraints	CbD, mini-CEX, MSF	1,3
Recognises and responds appropriately to unprofessional behaviour in others	CbD	1
If appropriate and permitted, is able to provide specialist support to hospital and community-based services	CbD, MSF	1
Is able to handle enquiries from the press and other media effectively	CbD,	1,3
Behaviour		
Recognises personal beliefs and biases and understands their impact on the delivery of health services	CbD, mini-CEX, MSF	1
Where personal beliefs and biases impact upon professional practice, ensures appropriate referral of the patient	CbD, mini-CEX	1
Recognises the need to use all healthcare resources prudently and appropriately	CbD, mini-CEX	1,2
Recognises the need to improve clinical leadership and management skill	CbD, mini-CEX	1
Recognises situations when it is appropriate to involve professional and regulatory bodies	CbD, mini-CEX	1
Shows willingness to act as a leader, mentor, educator and role model	CbD, mini-CEX, MSF	1
Is willing to accept mentoring as a positive contribution to promote personal professional development	CbD, mini-CEX	1
Participates in professional regulation and professional development	CbD, mini-CEX, MSF	1
Takes part in 360 degree feedback as part of appraisal	CbD, MSF	1,2,4
Recognises the right for equity of access to healthcare	CbD, mini-CEX,	1
Recognises need for reliability and accessibility throughout the healthcare team	CbD, mini-CEX, MSF	1
Level Descriptor		
1	Works work well within the context of multi-professional teams 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	
2	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	
3	Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised	

4	Helps patients who show anger or aggression towards staff or with regards to their care or situation, and works with them to find an approach to manage their problem
5	Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage

C 25 Management and NHS Structure

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

Knowledge	Assessment Methods	GMP
Understands the guidance given on management and doctors by the GMC	CbD	1
Understands the local structure of NHS systems in the locality, recognising the potential differences between the four countries of the UK	CbD	1
Understand, the structure and function of healthcare systems as they apply to your specialty	CbD	1
Understands the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	CbD	1
Understands the importance of local demographic, socio-economic and health data and the use to improve system performance	CbD	1
Understands the principles of:	CbD, mini-CEX	1
• Clinical coding		
• European Working Time Regulations including rest provisions		
• National Service Frameworks		
• Health regulatory agencies (e.g., NICE, Scottish Government)		
• NHS Structure and relationships		
• NHS finance and budgeting		
• Consultant contract and the contracting process		
• Resource allocation		
• The role of the Independent sector as providers of healthcare		
• Patient and public involvement processes and role		
Understands the principles of recruitment and appointment procedures	CbD	1
Skills		
Participates in managerial meetings	CbD	1
Takes an active role in promoting the best use of healthcare resources	CbD, mini-CEX	1
Works with stakeholders to create and sustain a patient-centred service	CbD, mini-CEX	1
Employs new technologies appropriately, including information technology	CbD, mini-CEX	1
Conducts an assessment of the community needs for specific health improvement measures	CbD, mini-CEX	1

Behaviour		
Recognises the importance of equitable allocation of healthcare resources and of commissioning	CbD	1,2
Recognises the role of doctors as active participants in healthcare systems	CbD, mini-CEX	1,2
Responds appropriately to health service objectives and targets and take part in the development of services	CbD, mini-CEX	1,2
Recognises the role of patients and carers as active participants in healthcare systems and service planning	CbD, mini-CEX, PS	1,2,3
Shows willingness to improve managerial skills (e.g. management courses) and engage in management of the service	CbD, MSF	1
Level Descriptor		
1	Works as a valued member of the multi-professional 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	
2	Can describe in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare Can describe 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.	
3	Can describe 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 discussions around service development Discusses the most recent guidance from the relevant health regulatory agencies in relation to the specialty	

C 26 Palliative Care

The trainee will recognise when palliative care is appropriate in both malignant and non malignant haematological disorders. They will be able to assess the patient's needs and symptoms and make clear management and treatment plans.
They will know about and work with the services required for effective palliative care and refer to specialist palliative care services when indicated.

Knowledge	Assessment Methods	GMP Domains
Describe different disease trajectories and prognostic indicators and the indications that a patient may be in the last year of life.	CbD, mini-CEX	1
Describe the pharmacology of major drug classes used in palliative care, including opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics, and antiemetics.	CbD, mini-CEX	1
Know about the analgesic ladder, side effects of analgesia, role of radiotherapy, role and limitations of blood transfusion and other non-pharmacological treatments	CbD, mini-CEX	1
Knowledge of the side effects of analgesia, including the signs of opioid toxicity.	CbD, mini-CEX	1
Outline the role of hospital and community Palliative Care teams and hospice services	CbD, mini-CEX	1,3
Know that referral to specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer	CbD, mini-CEX	1,3
Skills		
Is able to assess the patient's physical, psychological, social and spiritual needs	CbD, mini-CEX	1
Able to communicate honestly and sensitively with the patient and family/carers, allowing the patient to guide the conversation. Able to elicit understanding and concerns	CbD, mini-CEX	1, 3, 4
Is able to take an accurate pain history, recognising that patients may have multiple pains and causes of pain	CbD, mini-CEX	1
Able to assess response to analgesia and recognise medication side effects or toxicity	CbD, mini-CEX	1, 2
Is able to prescribe opioids correctly and safely using appropriate routes of administration	CbD, mini-CEX	1, 2
Is able to assess and manage other symptom control problems including nausea and vomiting, constipation, breathlessness, anxiety and depression, bone marrow failure	CbD, mini-CEX	1
Is able to recognise when care is complex and referral to specialist palliative care services is needed	CbD, mini-CEX	1, 2, 3
Behaviours		
Active management and on-going assessment of symptoms	CbD, mini-CEX	1
Refers to and liaises with specialist palliative care team when recognises that care is complex.	CbD, mini-CEX	1, 2, 3
Recognises the needs of the carers and is able to support	CbD, mini-CEX	1, 3

them		
Level Descriptor		
1	Recognises that palliative management is appropriate. Reviews history, notes and patient and able to present concisely to seniors. Assesses patient's physical symptoms and psychological state. Able to safely prescribe opioids, adjunct analgesia and initiate treatment for other symptom control problems.	
2	Recognises that a patient may be in the last year of life. Recognises that palliative management is appropriate. Reassessment of history, notes and patient. Communicates with patient and carers. Ensures good symptom control management. Refers to specialist palliative care services if care is complex.	
3/4	Recognises that a patient may be in the last year of life. Recognises that palliative management is appropriate. Reviews history and notes and has clear understanding of disease trajectory and prognostic indicators and able to explain this information to the team. Communicates sensitively with patient and carers, eliciting understanding and concerns and gives information requested. Ensures good symptom control management. Refers to specialist palliative care services if care is complex.	