



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN GERIATRIC MEDICINE



This curriculum of training in Geriatric Medicine was developed in 2010 and undergoes an annual review by Dr. Alan Moore and Dr. Kieran O'Connor, National Specialty Directors, Dr. Ann O'Shaughnessy, Head of Education and Professional Development and by the Geriatric Medicine Specialty Training Committee. The curriculum was approved by the Irish Committee on Higher Medical Training.

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Introduction

Geriatric Medicine is the branch of medicine that focuses on health care of older people. It aims to promote health and to prevent and treat diseases and disabilities in older adults.

A trainee in Geriatric Medicine should develop expertise the clinical, rehabilitative, preventive, and social aspects of illness in the older adult. Specific expertise should be gained in the comprehensive assessment and management of older people with acute and chronic illness in a wide variety of clinical settings – in hospital, at the out-patients department, in an ambulatory care setting, in continuing long term care & in the patients' own home.

Particular expertise needs to be acquired in the diagnosis and treatment of acute illness in older people where clinical presentation can be non-specific and/or atypical. Development of skills and expertise in the diagnosis and management of the principal problems (syndromes) in Geriatric Medicine such as falls, acute confusion, mobility disorders or incontinence is required. Experience must be gained in the multi-disciplinary approach to management of patients, a central component of all geriatric medicine services.

All trainees will be expected to incorporate their training objectives into their day to day working with self-directed learning playing as central role in training as formal supervised educational opportunities.

Beside specialty-specific elements, trainees in Geriatric Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

Upon satisfactory completion of specialist training in Geriatric Medicine, the doctor will be **competent** to undertake comprehensive medical practice in the specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty of Geriatric Medicine, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Capability to be a scholar, contributing to development and research in the field of Geriatric Medicine.
- Professionalism.
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.
- Ability to understand health care and identify and carry out system-based improvement of care.

Professionalism describes the knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (as a doctor). It includes such concepts as:

- The skills of lifelong learning and the maintenance of competence
- Information literacy
- Ethical behaviour
- Integrity, honesty
- Altruism
- Service to, justice and respect for others
- Adherence to professional codes

Entry Requirements

Applicants for Higher Specialist Training (HST) in Geriatric Medicine must have completed a **minimum** of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK). A period of experience in Geriatric Medicine at SHO grade is considered desirable, although not essential, before entry to HST.

Non Irish/British graduates without the MRCP who compete for HST posts must provide evidence of appropriate knowledge, training and experience, particularly in the care of acute medical conditions.

BST in General Internal Medicine (GIM) is defined as follows:

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
- For further information please review the BST curriculum

Those who do not hold MRCPI or MRCPUK must provide evidence of equivalent qualification.

Duration & Organisation of Training

The duration of HST in Geriatric Medicine is 4 years, one year of which **may** be gained from a period of full-time research. Those who wish to obtain dual certification in Geriatric Medicine and in General (Internal) Medicine will require at least a fifth year of training.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of Geriatric Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Geriatric Medicine (e.g. Stroke, Falls etc.), this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

“Generic” knowledge, skills and attitudes support competencies which are common to good medical practice in all medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a Specialist Registrar suitability and ability to become independently capable as a specialist.

Flexible Training

Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees;

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than that of full-time trainees.

The above provision must be adhered to. A flexible trainee should undertake a *pro-rata* share of the out-of-hours duties (including on-call and other out of hour's commitments) required of their full-time colleagues in the same programme and at an equivalent stage.

For details of appointment and funding arrangements for flexible trainees, please see the current issue of the HMT training handbook.

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Geriatric Medicine programmes will offer posts in both general hospitals and teaching hospitals. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Geriatric Medicine or, in the case of GIM, the Regional Specialty Advisor. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

Teaching, Research & Audit

All trainees are required to participate in teaching. They should receive some formal training in medical education methods, such as a "Teaching the Teacher" course at some stage during their training.

All trainees should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work. A period of supervised research relevant to Geriatric Medicine is considered highly desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to an MSc, MD, or PhD, by stepping aside from the programme for a time. Additional educational credit may be granted at the discretion of the NSD and STC for clinical work relevant to the curriculum undertaken during the second and subsequent years of this research, up to a maximum of six months credit. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

Logbook

Up-to-date training records and a portfolio of achievements will be maintained by the trainee throughout HST. The training records will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Geriatric Medicine curriculum. They will remain the property of the trainee and must be produced at the annual assessment review.

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at annual assessment review. The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Office and Dean of Higher Medical Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training (see the *HST Training Handbook*).

At annual review, the Training Record will be examined. The results of any assessments and reports by educational supervisors, filed in the portfolio submitted, together with other material capable of confirming the trainee's achievements, will be reviewed.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Geriatric Medicine curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at annual review. The assessment of training may utilise the Mini-CEx, DOPS and Case Based Discussions (*CBD*) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the curriculum e.g. *competence in procedural skills, or in generic components*. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Annual Review – The PeTRA Process

An annual review of progress through training will be undertaken on behalf of HST. The training record will be examined at the review. Assessments and reports by educational supervisors, confirmation of achievements and the contents of the portfolio will be reviewed. A decision is made regarding progress, as detailed in the Training Handbook. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies. An external assessor will participate in the penultimate year review (PYA) which is held to a standard format usually 12-18 months before the planned end of training. The award of a CSCST will be determined by a satisfactory outcome after completion of the entire series of PeTRA assessments.

Each year trainees undergo a formal review by a panel including the Dean, the National Specialty Director, and whenever possible, a representative member from another specialty. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer's reports. Attendance by the trainer is highly desirable and essential for the first year

and PYA assessments. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post.

A decision on progress through training is reached at each of these annual assessments. The determination and the evidence considered are entered on one of a set of standard PeTRA Forms as follows:

Successful completion of a year of training – **PeTRA Form C**

Completion but with a need for additional targeted training – **PeTRA Form C₁**

Repeat training year – **PeTRA Form C₂**

The penultimate year assessment (*the PYA*) reviews the evidence provided in the logbook on the results of the assessment methods employed (*see above*); the evidence provided will be further questioned during the assessment. At the PYA, the panel identifies the residual training outstanding, advising adjustments to the training schedule as necessary, and finally confirming the estimated date for completion (**PeTRA Form T and CSCST issuance**).

Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process.

All training locations approved for HST have been inspected by the College. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of Geriatric Medicine to be acquired.

Physical facilities should include the provision of sufficient space and opportunities for practical and theoretical study. Access to professional literature and information technologies is essential so that self-learning is encouraged and that data and current information can be obtained to improve patient management.

Trainees in Geriatric Medicine should have access to an educational programme e.g. lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc, capable of covering the theoretical and scientific background to the specialty. The STC will set down a schedule of appropriate educational activities for trainees in Geriatric Medicine and the minimum acceptable attendance. Trainees should be notified in advance of dates so that they can arrange for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

Teaching, Learning & Assessment Methods

Teaching, Learning & Assessment Methods

This section relates to the clinical competencies that are required for your training. During your training you will be assessed by methods such as miniCEX, DOPS and Case Based Discussion. It is extremely important that you read this so that you are aware of the requirements of your training.

Record of Training

The evidence required to confirm progress through training includes:

- Details of the post(s) occupied, the training plan agreed with weekly timetables and duty rosters; case-mixes and volumes, numbers of practical procedures and outcomes.
- Confirmation of attendance at events in the educational programme, at departmental and inter-departmental meetings and other (optional) educational events.
- Confirmation (certificates) of attendance at subject-based/skills-training/instructional courses; (certificate or diploma from appropriate authority).
- Recorded attendance at conferences and meetings.
- A properly completed logbook with entries capable of testifying to the training objectives which have been attained and the standard of performance achieved.
- Evidence of regular contact with trainers, i.e. appraisals; confirmation of workplace/clinical encounters significant in relation to activities specified in the curriculum.
- Evidence of personal study, e.g. journals taken, membership of specialist society, web-based research, and special interest developed.
- CPD/CME activity, returns, study leave records.
- Copies/examples of material prepared for presentation e.g. for audit, teaching, best-practice development, collection of cases, topic reviews, output from research.
- Educational supervisor's reports on **observed** performance (in the workplace): of duties, practical procedures, of presentations made and teaching activity: of advising and working with others, of standards of case notes, correspondence, communication with others e.g. at handover. Results of Mini-CEX, CBDs and DOPS encounters.
- Collective opinions – as used to ascertain a range of generic skills e.g. professionalism, maintaining trust.
- Result (diploma, certificate from recognised body) of completed knowledge-based test and/or practical examination.

Assessment of Competencies

The competencies to be acquired during training are listed within the Generic and Specialty Sections of this curriculum.

The competencies will be assessed on a regular basis during your training programme and must be documented in the Training Record (*Logbook*). Progress through training is confirmed by entries which must be authenticated/ countersigned by the educational supervisors.

Documents which provide evidence of satisfactory completion of other necessary components of the curriculum must be filed in the portfolio of achievements compiled by the trainee and reviewed annually.

A report from the educational supervisor will be included. This will be prepared following appraisal, based on his/her assessment of observed performances by the trainee of practical procedures and other duties. The standard of case notes, summaries, correspondence and other material, of presentational ability can also be the subjects of such report, as could the trainee's enthusiasm, judgement, team working or professionalism.

The trainer's report will also be based on a structured pro-forma, as used in the short form of clinical evaluation exercise (*Mini-CEx*); following observation and appraisal of the performance of a procedure (*DOPS*); after discussion of the (*clinical*) reasoning involved in the management of a problem faced by a trainee (*Case-Based Discussion, CBD*).

The results of any summative tests of knowledge taken, e.g. *MCQs and problem-solving tests, including self-administered tests*, should be filed and retained. Confirmation of the acquisition at a particular stage of a specified professional examination may be required in order to make progress towards the completion of training.

Learning Methods

This section gives examples of the learning methods that can be used as guidance to acquire competencies as they appear in the curriculum.

Experiential:

- Working under supervision
- Documenting/reporting progress (*case notes*), preparing summaries (*discharge notes*) other professional correspondence; communicating information to patients/to other health professionals.
- Consults, referrals between departments, handover, providing cross-cover.
- (*In certain specialties*), procedure room and investigation/assessment sessions offer practical opportunities to learn and develop skills under supervision and to exercise judgement when to seek assistance.

Self-directed learning:

- Curriculum-based personal study *e.g. textbooks, journals, literature search, retrieval of web-based information.*
- Information gathering and evaluation
- Active participation in audit
- Tests of knowledge

Group learning:

- Workplace discussions
- Multidisciplinary meetings
- Programmed meetings within the workplace

Performance based:

- Observing, learning, assisting, performing, demonstrating a technique or practical procedure.
- Simulations, role-play

Learning through teaching and research:

- Teaching, giving tutorials, lecturing.
- Mentoring and supervising junior colleagues and other staff.
- Presenting at meetings - local and international.
- Research
- Publication

External Courses:

- Specialty study/training days
- Attending mandatory and non-mandatory courses
- Attendance at seminars, relevant conferences, regional, national and international meetings.

Reflection:

- In your logbook there is an area to record reflections on training, learning, clinical events and career discussions. In recent years the importance of reflecting as part of the learning process on what you are doing has been shown to improve professional practice. Reflection on what you know and don't know helps to understand that learning is individual and reflection of professional activities can be used to highlight your strengths, weaknesses and areas for development.

Assessment Methods

Mini-CEx

Definition: Mini-CEx is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter.

Description: The mini-CEx is a “snapshot” of a doctor/patient interaction and is based on a 15 minute observation of a single interaction. It is designed to assess the clinical skills and behaviours of trainees assessing such skills as history taking, physical examination skills, clinical judgement, professionalism, organisation/efficiency and overall clinical care. Not all elements will be assessed on each occasion. Immediate feedback should be provided after each encounter by the observer assessing the trainee.

Frequency of assessment: At least two mini-CEx assessments should take place in each year of training. Where appropriated, one should be based in an outpatient setting and one in an acute setting. The assessments include assessment of skills in history taking, physical examination, appropriate use of investigations, cost-effectiveness, interpretation of investigations, making medical notes, making a diagnosis, treatment and management of disease, appropriate referral to other specialities, and standards of care.

Competencies assessed:

- Consideration/Professionalism:
- Recognises/accepts patient's rights (to consent, confidentiality, and information). Establishes trust, shows professional approach.
- Communication:
 - Informs, explains, and advises using appropriate language. Obtains consent, enlists patient's co-operation.
- Interviewing Skills:
 - Active” listening facilitating relevance; effectively using questions, responding to non-verbal clues.
- Examination Skills:
 - Prepares patient, minimises discomfort/unease. Proceeds logically, efficiently, thoroughly, completely.
- Judgement:
- Correctly identifies/lists problems, prioritises actions in realistic and timely schedule.

Opportunities for assessment: The assessment should take place in the usual place of work (*in-patient, clinic, office or department*) where the assessor must directly **observe** the trainee's performance.

DOPS

Definition: Directly Observed Procedural Skills (DOPS) is a method, similar to the mini-CEX that has been designed specifically for the assessment of practical skills. DOPS assess the capabilities of a trainee while they perform a procedure.

Description: The DOPS is a structured assessment of actual performance. Each DOPS should represent a different procedure. The trainee chooses the timing, procedure and observer.

Frequency of Assessments: The number and frequency of assessments of procedural skills will vary from specialty to specialty.

Competencies assessed:

- Understanding of Procedure:
 - Relevant anatomy; purpose, indications, contra-indications; outcomes, risks, complications; choice of methods available, technique of procedure.
- Consideration for the Patient:
 - Gives reassurance, minimises discomfort, explains procedure fully; confirms informed consent obtained.
- Preparation:
 - First re-checks all relevant details correct. Safety check; instrumentation, equipment (drugs); positioning; cleansing/aseptic technique; sedation, analgesia, anaesthesia confirmed.
- Professional/technical ability:
 - Dexterity, accuracy, efficiency; obtains, interprets diagnostic material/information; informs, directs staff courteously; recognises own limitations; seeks help where appropriate; manages risk.
- Post-Procedure:
 - Completes documentation; regulates recovery phase, observations; anticipates/deals with complications. Informs/counsels patient/relatives.
- Overall ability to perform Procedure:
 - Ability to complete/undertake procedure; technical abilities as demonstrated; appropriately confident, team/ leadership skills.

Opportunities for assessment: While supervising, assisting, observing actual performance in appropriate setting (out-patients, theatre, day procedure, ICU etc.). The assessment should be made under appropriate conditions e.g. with all equipment and personnel necessary to support the procedure.

Case Based Discussion (CBD)

Definition: Case-based discussion (CBD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. CBD is used to evaluate core skills that can be demonstrated during an interactive discussion based on a single case in which the trainee has been actively involved.

Description: CBD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance. The case for discussion can either be selected by the trainee or chosen by the assessor. The assessment will be based on oral discussion and written information available. It includes a bi-lateral (trainee's and trainer's) critical appraisal of the reasoning and judgements made, and of the management of the case. Whenever possible the assessment should include issues such as disease notification, health promotion and screening.

Frequency of Assessment: This method of assessment has not been validated as yet; however it is a very useful method and can be easily incorporated into journal clubs, post-graduate teaching sessions or on-line etc

Competencies assessed:

- **Problem Definition:**
 - All relevant facts established, from current/previous history, investigations, interventions; reports, correspondence reviewed.
- **Record Keeping:**
 - Legible, tidy, legally defensible records seen.
- **Reasoning:**
 - Appropriately selected, sequenced investigations/procedures planned. Evidence-based, logical judgements made; (differential) diagnosis established; action plan made with realistic goals.
- **Case Management:**
 - Effective, safe (responsible) prescribing; aware of protocols/guidelines, best practice; monitoring progress, handling complications/mistakes; timely, appropriate referrals, case closure.
- **Reflective Practice:**
 - Shows analytical, constructive approach to case, willingness to learn; acknowledges and prepared to consider other management options; aware of change, possible advances, when to seek help.

Opportunities for assessment: The presentation should take place in a suitable environment, with due consideration given to the patient's sensitivities, to confidentiality e.g. in any ward or clinical setting; an office, side- or seminar-room may be found convenient. Case presentations and discussions, e.g. at handover, ward-rounds (inter-) departmental meeting.

Mandatory Training Courses

(Note: this list only included the generic mandatory courses)

Mandatory Communication course:

To be completed in Year 1. The course is a short 1 -2 hour course at the start or the end of specialty study days to reduce time spent away from the hospitals. Communication skills will be assessed as part of the mini-CEX assessments

Audit:

Mandatory 1/2 day on audit to be completed in Year 1. Audit reports are submitted on a yearly basis

Ethics:

Four mandatory study days are to be completed during the training programme. Three study days are for all specialities - Ethics & Law, Ethics in Research and Professionalism. The fourth day 'End of life' is for all specialties except Public Health Medicine, Occupational Medicine and Histopathology who have a speciality specific ethics day.

Leadership Skills:

Mandatory 3 day course to be taken in year 3 - 5.

ACLS:

ACLS compliant in appropriate specialties

Specialty Study Days

The number and topics of the specialty study days in Geriatric medicine are decided by the specialty training committee (STC). Trainees are given advance notice and are expected to attend at least a minimum number as set out by the STC.

Annual Assessments

Consultant feedback:

End of year assessment completed by the Trainers include assessment in areas such as: Team working skills, Leadership skills, Handling of complaints, conflict management
Questions such as the following are included in the assessment form:

- Have there been any complaints from nursing staff, AHP, patients regarding this trainee or their team?
- If so:
 - How did the trainee respond to a complaint about a member of his/her team?
 - How did the trainee respond to a complaint against him/her?.
- Have you any serious issue with your SpR?
- Where there any instances of serious conflict?
- Do you think he/she behaved appropriately?

Audit:

It is difficult to complete the audit cycle in a one year period. Each year the trainee should take part in an audit - either to develop and start an audit or to review and change practice as a result of an audit - the complete audit cycle should be understood. In hospitals that have audit systems set up, the trainee should complete a full audit.

Trainees will be required to submit a full audit report and will be encouraged to present audit results at local, national or international meetings.

Attendance at In- Hospital Speciality Radiology conferences

Time spent in Laboratory/Pathology or attendance at Laboratory/Pathology conferences (Depending on specialty)

Committee membership:

Many specialty curricula have identified participation in committees.

Teaching skills

Number of undergraduate and postgraduate tutorials, number of membership tutorials.

Presentations/Publications

On-Call take

GENERIC COMPONENTS

Communication & Interpersonal Skills

Objective: To be able to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: No. 2: Relating to Patients; No 3. Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to structure an interview to obtain/convey information; how to identify concerns, expectations, priorities; how to promote understanding, reach conclusions; use/choose appropriate language. Knowledge of procedures/investigations available and alternative options; of strategies to promote compliance through understanding of objectives.
- Able to elicit facts, question using open, followed by closed questions; “active listening”. Gives information clearly, avoids jargon, confirms understanding, is able to encourage co-operation, compliance; obtain informed consent.
- Considerate, shows respect for other’s culture, opinions, patient’s right to be informed, make choices.

In difficult circumstances

- Understands potential areas for difficulty “awkward situations”, knows how and when to break bad news, how to circumvent cultural, language barriers, deal with sensory or mental impairments, how to deal with challenging or aggressive behaviour.
- Able to communicate essential information where difficulties exist, appropriately uses assistant, interpreter, chaperone, relatives. Able to deal with anger, frustration in self and others.
- Selects an appropriate environment; seeks assistance, makes and takes time. Avoids unrealistic optimism or pessimism.
- Respects another’s right to opinions and to accept or reject advice.

With professional colleagues and others

- How best and when to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (*written, verbal or electronic*). Knows legal context status of records and reports, of data protection (*confidentiality*), Freedom of Information (FOI) issues.
- Understands relevance to continuity of care and the importance of legible, accessible, authenticated records. Knows when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication.
- Communicates effectively, promptly; recognises roles and skills of other health professionals.
- Able to judge own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility, when to refer.
- Values perspectives of others contributing to management decisions.

In maintaining continuity of care

- Understands the relevance to outcome of continuity of care, within and between phases of healthcare management.
- The importance of completion of tasks and documentation *e.g. before handover (to another team, department, specialty)*, of identifying outstanding issues, uncertainties.
- Maintains (*legible*) records, is available, contactable, time-conscious, sets (*and attempts to reach*) realistic objectives, identifies/prioritises outstanding problems.
- Alert to avoid potential confusion or misunderstanding through communications failure.

Giving explanations

- The importance of possessing the full facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based.
- How to secure, retain attention avoid distraction. Understand how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention. Risk of information overload.
- Need to interpret results, significance of findings, diagnosis, to explain objectives, limitations, risks of treatment, in terms and by means adjusted to recipients' ability to comprehend.
- Uses language, literature (*leaflets*) diagrams, educational aids and resources appropriately.
- Able to achieve level of understanding necessary to achieve co-operation (*compliance, informed choice, acceptance of opinion, advice, recommendation*).
- Prepared to discuss, repeat information, resolve uncertainty, confusion, respond to questioning, challenge.

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (*departmental and institutional*); sources of advice, assistance available.
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources.
- Able to establish facts, identify issues and respond quickly and appropriately to a complaint received.
- Accepts responsibility, involves others, consults appropriately.
- Open, prepared to accept criticism, acknowledge shortcomings where they exist, offer an apology.

SKILLS

- Communication
- Conflict resolution
- Dealing with complaints
- Communicate decisions in a clear and thoughtful manner
- Presentation skills

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-CEx, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations

Professionalism & Autonomy

Objective: *To have the knowledge, skills and attitudes to act in a professional manner at all times and in partnership with patients and colleagues. To develop the attributes of someone trusted to be able to manage complex human, legal and ethical problems.*

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No 2. Relating to Patients; No. 7 Professionalism

KNOWLEDGE

Patient Centred Care;

- The provision of Patient Centre Care should be at the core of the service a doctor provides
- To put the quality and safety of patient care as a prime objective

Behaviour in the workplace;

- **Relationships with patients**
 - Know patients' rights e.g. to be informed sufficiently to enable them to be involved in decisions about their treatment and care. Know boundaries limiting consultations including ethical, duty of care.
 - How to deal with inappropriate behaviour e.g. *aggression, threats, violence, harassment, racism.*
 - Potential obstacles e.g. *cultural, educational, ethical – also preconceptions and prejudices.*
 - Ensures confidentiality, respects privacy. Focuses investigation on patient's needs and expectations. Shows sensitivity, develops empathy but avoids personal involvement.
 - Non-judgemental in approaching patient's perceived problems. Prepared to accommodate idiosyncrasies, respecting patients as individuals. Altruistic.
- **Working with colleagues**
 - Know the potential roles and contributions of other specialists – medical, surgical, general practitioners and of other hospital or community-based agencies e.g. *social services, also patient support groups and other providers of care.*
 - How to arrange cover, safeguarding the handover process, know where responsibility begins and ends, when and where to seek advice.
 - Aware of the extent and limitations of own areas of practice/expertise; recognises and respects others' inputs, capabilities; is able to work co-operatively with other health professionals; refers, delegates appropriately.
 - Realistically schedules and completes tasks and provides full documentation for handover, referral; strives to maintain continuity and standard of care especially across shifts and when arranging rotas and covering absences.
 - Conscientious, reliable, responsible and professional at all times, considerate, shows respect for opinions of others, values good advice, accepts constructive criticism.

Creating an environment conducive to learning and improvement

- Endeavours to foster an environment conducive to learning
- Shares knowledge with trainees, students and other members of the multidisciplinary team
- Encourages and is open to reflective practice
- Seeks out role models and learns from the best practice behaviours of others.
- Participates in quality assurance and clinical improvement systems & training
- Uses evidence based practice in decision making
- Participates in journal clubs, case presentations, grand rounds

Time management & continuity of care

- Is punctual for duty, meetings, handovers and other duties
- Prioritises workload
- Delegates when appropriate to do so
- Knows when to call for help
- Ensures satisfactory handover to ensure continuity of care
- Ensures satisfactory transfer of patients to other medical teams or services when required
- Makes adequate arrangements to cover holidays, study and other leave

Honesty & Integrity

- Acts with honesty and integrity at all times in the delivery of patient care and in working with professional colleagues
- Acts fairly in all situations.

Moral Reasoning & Legal and ethical issues (see also Ethics section)

- Describes and demonstrates an understanding of the main principles of medical ethics including autonomy, justice and confidentiality
- Understands correct procedures for obtaining consent (for treatment, investigations, procedures, research project, post mortem). Legal responsibilities surrounding death/disease certification; regarding mental illness; referrals to coroner; also in criminal cases.
- Understands issues surrounding confidentiality, disclosure/release of information; discovery (FOI) of records. Legal and ethical issues in context of resuscitation, organ donation/transplantation.
- Able to complete certificates, documents, respects patient's wishes, rights, but accepts a doctor's (legal) obligations to society. Able to obtain/provide in full, information relevant to consent.
 - Alert to possible legal implications and ethical aspects of actions
 - Ensures privacy when discussing sensitive issues
 - Seeks timely advice where patient abuse is suspected

Team working and leadership

- How teams work, know how to assign individual and collective responsibilities which respect an individual's (*professional*) status within a team. How to set goals, initiate/co-ordinate action, audit performance, give feedback, e.g. developing guidelines, protocols.
- Positively contributes to planning, motivating, organising activity, employs negotiating, human relations, interpersonal skills appropriately.
- Able to set and apportion individual and team objectives, energise and fortify others to sustain efforts to achieve goals, appraise performance.
- Co-operates as team player; respects the contributions, expertise of others; tolerant but determined as team leader.
- Adopts a holistic approach to patient care
- Knowledge of principles of audit and self assessment

Health-Physical health and Handling Stress & Fatigue

- Know how stress can affect performance, how to reduce stress and develop coping mechanisms to deal with pressure. When to enlist support.
- Understand the relevance of personal health to performance at work: the risks of self-medication, potential for drug and alcohol abuse: know that support is available from Occupational Health Services.
- Able to recognise, cope with stress; asks for help when necessary, is aware of responsibility (*to others*) of having health problems dealt with. Willing to take time off; and, if necessary, re-train/redevelop skills.

Commitment to Continuous Improvement in Health care Systems

- Understands the principles of quality and safety improvement
- Participates in quality improvement activities, including standard setting, follows established practice guidelines, research and audit
- Undergoes training in this area where appropriate

SKILLS

- Professionalism
- Multidisciplinary team working
- Ethical issues
- Leadership
- Time management
- Stress management

ASSESSMENT & LEARNING METHODS

- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (mandatory)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-Cex, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Leadership Programme (Year 3 – 5)

Maintaining Good Practice

Objective: To adopt the habits of lifelong learning, and to appreciate and implement the practices of clinical governance.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care, No. 6 Scholarship, No 7 Professionalism, No 8 Clinical Skills

KNOWLEDGE

Lifelong learning

- Aware of CME/CPD obligations, systems/process for competence assurance/revalidation. Understand the role of appraisal, assessment methods available their application.
 - Sources, resources, opportunities for self-directed and group learning including IT. Know how adults learn.
 - Recognises and makes effective use of learning opportunities, maximises the potential for personal study, plans personal development.
 - Self motivated, inquisitive, eager to learn.

Application of clinical governance

- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols.
- Able to appraise and apply data from research, and to use audit to establish best practice and clinical effectiveness. Utilizes and practices evidence-based medicine.
- Accepts the need for reflective practice and to critically evaluate own work and make changes.

Risk management

- Systems, procedures for identifying (*clinical*) risk; correct procedures and action when things go wrong; how to handle complaints.
- Employs procedures and policy for accidents, injuries; for confirming skill and staffing levels, arranging cross-cover, on-call, for supervision.
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records. The assessment of risk, relative risk.
- Able to assess, anticipate, risks; recognise failure. Openly discuss bad outcomes, locate system weakness, analyse critical incidents.
- Able to discuss potential risks *e.g. with patients, to analyse and balance risk with benefit*. Able to learn from previous experience, from complaints received, errors.
- Is honest in recognising misjudgements.

Evidence, audit, guidelines

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials.
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle.
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance.
- Capable of accessing relevant data (library, internet use). Able to appraise available evidence critically.
- Able to complete an audit cycle relevant to practice; to develop, evaluate, review and update a set of guidelines.
- Uses evidence / guidelines appropriately having due regard for the individual.

SKILLS

- Personal development planning
- Evidence -based practice
- Risk Management
- Audit
- Research

ASSESSMENT & LEARNING METHODS

- Record of attendance at journal clubs, medical grand rounds, SpR teaching sessions, local and national academic meetings
- Record of attendance at CME accredited international meetings
- Attendance at local radiology conferences
- Time spent in laboratory or attendance at laboratory conferences
- Audit Study Day (Year 1)
- Annual Audit
- Leadership Skills Course (Year 3- 5)
- Research Publications
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-Cex, DOPS, CBD

Standards Of Care

Objective: To be able to assess patients' problems investigate and treat them appropriately, efficiently, and consistently over time.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 2 Relating to Patients; No. 3 Communication and Interpersonal Skills; No. 4 Collaboration and Teamwork; No. 5 Management (including Self Management; No. 8 Clinical Skills,

KNOWLEDGE

History taking and examination

- Diagnostic significance of patterns of symptoms, pathophysiology and physical signs.
- Able to take and analyse a clinical history and perform a reliable and appropriate examination, arrive at a differential diagnosis.
- Exhibit empathy and show consideration for all patients, their impairments and attitudes irrespective of cultural and other differences.

Investigation, indications, risks, cost-effectiveness

- Understand the pathophysiological basis of the investigation undertaken.
- Know and be able to explain the procedure for the commonly used investigations, preparations, effects or risks, the reason for the investigation, the information sought and its relevance to management.
- Sensitivity and specificity of results, possible interferences, artefacts.
- Able to understand significance, interpret and explain results of investigations.
- Shows logical approach in choosing, sequencing and prioritising investigations.
- Able to liaise, discuss, negotiate effectively with those undertaking the investigation.
- Careful to select investigations appropriately, considering (*patients'*) needs, risks, value.

Treatment and management of disease

- Understand the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness. Natural history of diseases; quality of life concepts.
- Able to assess accurately patient's needs, to prescribe administer, deliver, arrange treatment; recognise and deal with reactions / side effects. Sets realistic therapeutic goals, utilizes rehabilitation services, palliative care appropriately.
- Able to discuss rationale, objectives, risks and alternative options openly, taking into account patients' / their relatives' attitudes, beliefs or other philosophical concepts.
- Recognises that the degrading effects of illness, especially incapacity which is chronic, impacts on relationships and family, having financial as well as social effects.
- Discusses, plans, delivers care appropriate to patient's needs and wishes.

Disease prevention and health education

- Disease notification; methods of collection and sources of data. Screening for disease, (*methods, advantages and limitations*). Health promotion and support agencies; means of providing and sources of information for patients.
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes.
- Able to advise on and promote lifestyle change, stopping smoking, control of alcohol intake. Able to assess and explain risk, encourage positive e.g. *immunisation* and negative preventive measures.
- Enlists / requires patients' involvement in solving their health problems, provides information, education. Avails of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services.

- Non-judgemental approach to patient's problem: values contributions of health education and disease prevention to health in a community.

Notes, records, correspondence

- Understand the functions of medical records, their value as an accurate up-to-date commentary and source of data.
- Understand the need and place for problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports, focused reviews.
- Compiles adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome. Provides concise, informative progress reports orally.
- Maintains legible, authenticated records, uses dictation, telephone, e-mail appropriately.
- Appreciates importance of up-to-date, accurate information, its availability, transfer and the need for communicating promptly *e.g. with primary care*.

Time management and decision taking

- How to prioritise demands, respond to patients' needs, sequence urgent tasks. Understand how to establish (*clinical*) priorities *e.g. for investigations, intervention; how to set realistic goals; understand the need to allocate sufficient time, know when to seek help*.
- Understands the need to complete tasks, reach a conclusion, make a decision, take action with allocated time.
- Able to recognise when falling behind and can adjust accordingly; able to cope with changing circumstances, variable demand, prepared to re-prioritise and ask for help.
- Able to collate evidence, summarise, recognise when objective has been gained
- Knows how and when to conclude, disengage.
- Has realistic expectations of own and of others' performance. Time-conscious, punctual.

Relevance of professional bodies

- Understand the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations *e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies*.
- Actively engages with professional/representative/specialist bodies.
- Values the breadth and depth of experience that can be accessed by associating with professional colleagues.

SKILLS

- History taking and examination
- Appropriate use of investigations
- Treatment and management of disease
- Disease notification
- Health promotion
- Screening
- Personal and professional organisation and planning; goal setting, time management

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Study Days
- Annual Audit

Patient Safety

Objective: To ensure patient safety is at the core of the health service provided by designing safe systems and processes of care and understanding the role of healthcare systems and human factors in adverse events and errors.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care.

KNOWLEDGE

Safe Systems, Competency and Safe practice

- Understands multiple factors involved in failures;
- Safe Healthcare Systems-a Safe working environment
- The relationship between 'Human factors' and patient safety
 - Safe working practice. Role of procedures and protocols in optimal practice
- Patient safety relevance in health care and its role in minimizing the incidence and impact of adverse events and maximize recovery from them.
- Knowledge and understanding of the Swiss cheese model.
- Health care errors and system failures; human and economic costs; blame culture

Communication

- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Near Misses and adverse events

- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause analysis. Understanding and learning from errors
- Understands and manages clinical risk
- Manages complaints
- Knows when and how to report a near miss or adverse event

Quality improvement

- Standardises common processes and procedures – checklists, vigilance
- Evidence based care
- Infection control; healthcare associated infections
- Patient safety and invasive procedures.
- Improvement medication safety; safe prescribing; common medication errors
- Ethical behaviour

SKILLS

- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Understand how and why systems break down and why errors are made
- Be able to learn from errors and near misses to prevent future errors
- Know how to use relevant information from complaints, incident reports, litigation and quality improvement reports to control risks
- Minimise infection through improved infection control practice
- Minimise errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery.
- Minimise medication errors by practicing safe prescribing principles

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritization of patient safety in practice
- RCPI Patient safety on-line course (recommended)
- Completion of infection control induction in the workplace

Therapeutics and Safe Prescribing

Objective: To progressively develop your ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Knowledge of prescribing for common medical conditions
- Knows range of adverse drug reactions to commonly used drugs, including complementary medicines
- Identifies common prescribing hazards
- Identifies high risk medications
- Knows drugs requiring therapeutic drug monitoring and interprets results
- Knows the effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to the trainees practice
- Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. IMB , and hospital formulary committees)
- Knows procedure for monitoring, managing and reporting adverse drug reaction

SKILLS

- Knows how to write a prescription
- Prescribes appropriately in the elderly, childhood, pregnancy and breast feeding
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Review the continuing need for long term medications relevant to the trainees clinical practice
- Anticipate and avoid defined drug interactions, including complementary medicines
- Advise patients (and carers) about important interactions and adverse drug effects
- Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Open to advice and input from other health professionals on prescribing
- Participates in adverse drug event reporting

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace): prioritization of patient safety in prescribing practice

Infection Control

Objective: To be able to manage and control infection in patients, including controlling the risk of cross –infection, appropriately managing infection in individual patients, and within the wider community to manage the risk posed by communicable diseases.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 5 Management (including Self Management).

KNOWLEDGE

Within a consultation

- Understand the principles of infection control as defined by the HIQA
- How to minimize the risk of cross-infection during a patient encounter by adhering to best practice guidelines available
- Treat and manage infection in the individual patient
- Understand the principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent Clostridium difficile) Knowledge and understanding the local antibiotic prescribing policy
- Aware of infections of concern, e.g. MRSA, C Difficile,
- Understands best practice in isolation precautions
- Knows when and how to notify relevant authorities in the case of infectious disease requiring disclosure

In surgery or during an invasive procedure

- Understands the increased risk of infection in these patients and adheres to guidelines for minimizing infection in such cases
- Knows the guidelines for needle stick injury prevention and management

During an outbreak

- Adheres to guidelines for minimizing infection in the wider community in cases of communicable diseases and seeks expert opinion or guidance from infection control specialists where necessary

SKILLS

- Practices aseptic techniques, hand hygiene
- Follows guidelines for infection control and management
- Prescribes antibiotics according to antibiotic guidelines Encourages all staff, patients and relatives to observe infection control principles
- Communicates effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborates with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Has knowledge of the diseases requiring disclosure and undertakes notification promptly
 - Collaborates with external agencies regarding reporting, investigating and management of notifiable diseases.
 - Able to advise patients on lifestyle change to minimize the risk of re-infection or spread of infection,
 - Enlists / requires patients' involvement in solving their health problems, provides information, education.
 - Avails of support provided by voluntary agencies and patient support groups, as well as expert services where appropriate
 - Non-judgemental approach to patient's problem:

- Utilises and values contributions of health education and disease prevention and infection control to health in a community.

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection , prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery

Medical Council Domains of Good Professional Practice: No.1 Patient Safety and Quality of Patient Care; No. 3 Communication and Interpersonal Skill; No. 4 Collaboration and Teamwork; No. 5 Management (including Self Management); No 6 Scholarship.

KNOWLEDGE

Demonstrating Personal Qualities

- Develops self-awareness and understanding of personal style and its impact on others
- Efficiently and effectively manages one- self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acts with integrity and honesty with all people at all times

Working with others

- Develops networks to expand knowledge and sphere of influence
- Builds and maintains key relationships. Adapts style to work with different people and different situations
- Encourages contributions from others including patients, carers, members of the multidisciplinary team and the wider community
- Aware of own personal style and other styles and their impact on team performance. Understands the importance of good communication in teams and the role of human factors on effectiveness and patient safety

Managing Services

- Knows and understands the structure and function of Irish Health Care System
- Aware of the challenges of managing in healthcare
 - Role of Governance
 - Clinical Directors
- Can contribute to the planning and design of services
- Knows and understands the financing of the health service
 - Preparing a budget
 - Defining value
 - Managing resources
- Knows and Understands the importance of human factors in service delivery.
 - Manages staff training, development and education
- Managing performance
 - Performs staff appraisal and deals effectively with poor staff performance
 - Rewards and incentivises staff for quality and efficiency

Improving Services

- Ensures patient safety by adopting and incorporating a patient safety culture
- Critically evaluates where services can be improved by measuring performance, and acting to raise standards where possible Encourages a culture of improvement and innovation
- Facilitating transformation by creating and living a vision

Setting Direction

- Identifies the external and internal drivers setting the context for change
- Applies knowledge and evidence of systems and resource management to guide service development
- Makes decisions using evidence based medicine and performance measures
- Evaluates the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player Being able to managing resources and people
- Managing performance, performance indicators
- How to write and develop a service plan
- How to prepare and manage a budget

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Leadership course (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. division of Medicine, Drugs and Therapeutics, Infection Control etc.

Management Information Systems & Management Skills

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services. To develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: No. 5 Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Health Service, services provided in Ireland and their funding. Department of Health, HSE and Hospital Management structures and systems. The National Regulatory Bodies, health agencies and patient representative groups.
- Can explore, direct, pursue a project, negotiating through the relevant department at an appropriate level. Able to “*operate the system*”. Understand the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC.
- Recognises the advantage of understanding the administrative machinery of the Health Services.

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources. The common ways in which data is presented. Know of the sources which can provide information relevant to national or to local services, publications available.
- Able to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources.

Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care

- Understands the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice, treatment protocols. Know sources providing updates, literature reviews and digests.
- Able to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. *innovative treatments, new technologies*.
- Embraces principles of clinical governance.

Delegation skills, empowerment and conflict management

- How to assess, develop personal effectiveness, improve negotiating, influencing and leadership skills. How to manage time more efficiently, deal with pressure and stress. How to motivate and operate within a multidisciplinary team.
- Able to adjust to change, apply management/leadership, negotiating skills to manage change. Self-awareness, able to recognise strengths and weaknesses.
- Appropriately values and uses management techniques and seeks to improve these skills and personal effectiveness.

Leadership

- How to maintain, improve working relationships within a team; appropriately recognise roles, skills, status. Know when and what to delegate, provide support, appraise.
- Motivates and empowers others, knows when help is needed. Able to foresee, forestall, manage conflict.
- Sensitive to and aware of the needs of others.

SKILLS

- Risk Management
- Leadership skills
- Time management
- Delegation skills
- Conflict management
- Clinical governance
- Audit

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Audit course (Year 1)
- Leadership course (Year 3 – 5)
- Annual audit
- Consultant feedback at annual assessment on management and leadership skills
- Involvement in hospital committees

Teaching & Research

Objective: To recognise the opportunities for personal/professional development that exist for medical teachers, educational supervisors and from involvement with research.

Medical Council Domains of Good Professional Practice: No. 6 Scholarship.

KNOWLEDGE

Teaching, educational supervision and assessment

- Know principles of adult learning, teaching and learning methods available and strategies; educational principles directing assessment, methods, formative vs. summative. Value of regular appraisal / assessment in informing training process.
- Able to identify educational objective. Able to design and deliver an effective teaching event, both small and large group. Uses technology / materials effectively. Adequate preparation, timekeeping.
- Appreciates benefit to learner is key objective of teaching sessions, key resource is adequate knowledge of subject.

Research, methodology and critical evaluation

- How to design and resource a research project, how to obtain ethical approval. Research methodology, valid statistical analysis, writing and publishing papers. Ethical considerations, declaring an interest.
- Reviewing the literature, framing the question, designing a project capable of providing an answer. Able to derive results and conclusions, able to write or present a paper.
- Intellectually honest.
- Present data in a clear, honest and critical fashion.

SKILLS

- Bed-side undergraduate and post graduate teaching
- Lectures
- Ethics of research
- Presentation and writing skills

ASSESSMENT & LEARNING METHODS

- Number of undergraduate and postgraduate tutorials provided
- Teaching skills course
- Number of presentations at local, national and international meetings
- Number of publications in peer reviewed medical journals
- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (Mandatory)
- Statistical course (optional)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. CBD
- Educational supervisor's reports on observed performance (in the workplace)

Ethics

Objectives: *Medicine is predominantly concerned with the diagnosis and treatment of illness. Besides the pathological processes involved and the physical impact of each condition, the requirements for practising medicine in a fair, competent and ethical manner must be understood before a doctor is ready for independent practice.*

*Upon satisfactory completion of specialist training, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the Irish healthcare system.*

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 3 Communication and Interpersonal Skill; No. 6 Scholarship; No. 7 Professionalism.

KNOWLEDGE

- Knowledge of basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective informational exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Professionalism.

Ethics I: Professionalism

Objectives: *To explore the relationship between ethics of healthcare delivery and professionalism including the challenges and the impact of current developments*

KNOWLEDGE

- Knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (as a doctor).
 - The skills of lifelong learning and the maintenance of competence
 - Information literacy
 - Ethical behaviour
 - Integrity, honesty
 - Altruism
 - Service to, justice and respect for others
 - Adherence to professional code
- Leadership and Accountability
- Role of the Clinical Director
- Dignity & Respect
- Conflicts of interest
- Personal scope of practice & boundaries
- Adverse Events- open communication when adverse events occur
- Discussing errors

Ethics II: Ethics & Law

Objectives: To explore the relationship between ethics of healthcare and law including the challenges and the impact of current developments

KNOWLEDGE

- Ethical patient care and Irish Law including:
- Informed consent
- Consent and capacity
- Disclosure
- Medical Practitioner's Act
- Malpractice
- Misconduct
- Confidentiality
- Data protection
- Coroner's System
- Medical Council Ethical Guide

Ethics III: Research

Objectives: To explore the ethics of healthcare research including the challenges and the impact of current developments

KNOWLEDGE

- Principles of research
- Un-ethical conduct
- Genetics
- The Importance of Research in Health Care
- Dept of Health and Children Research Action Plan-implications for researchers
- Reasons for Research being Ethically Regulated
- Genetics
- Researching vulnerable groups
- Data Research/Protection and confidentiality
- Patient information bill
- Human Tissue Act
- Role of Research Ethics Committee
- Conflict of interest

Ethics IV: End of Life

Objectives: To explore the ethics of end of life challenges and the impact of current developments

KNOWLEDGE

- Euthanasia/Terminal Sedation
- Artificial nutrition/hydration
- Resuscitation issues
- Advanced Directives
- Organ donation
- Death Certification/Coronial System
- Prolongation
- Futility
- Decision making process

SKILLS

- Recognises the dying patient
- Communicates bad news sensitively
- Explores the options for managing the dying patient including DNR and advanced directives
- To incorporate the above ethical concepts in their everyday practice

ASSESSMENT & LEARNING METHODS

- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (Mandatory)
- Note of examples of ethical dilemmas encountered in training
- Consultant feedback at annual assessment
- Workplace based assessment e.g CBD
- Educational supervisor's reports on observed performance (in the workplace)

Dealing with and Management of Acutely ill Patients in Appropriate Specialties

Objective: To have the knowledge and skills to be able to assess and initiate management of patients presenting as emergencies with the problems outlined below. For each scenario, trainees should in particular gain knowledge and skills to recognise the critically ill and:

Immediately assess and resuscitate if necessary.

Formulate a differential diagnosis, treat and/or refer as appropriate.

Select relevant investigations and accurately interpret reports.

Communicate the diagnosis and prognosis – see Generic Skills.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care, No. 8 Clinical Skills

KNOWLEDGE

Management of acutely ill patients with medical problems

- Know how potentially life-threatening problems present; know the indications for urgent intervention, additional information necessary to support action (e.g. *results of investigations*) and treatment protocols (see *Addendum*).
- Know when to seek help, refer/transfer to another specialty. Know ACLS protocols. Know the ethical and legal principles relevant to resuscitation and DNR orders.
- Able to manage acute medical intake, to receive and refer patients appropriately, to interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately.
- Able to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. *dysrhythmia* and provide the means to correct e.g. *defibrillation*.
- Able to convey essential information quickly to relevant personnel: maintains legible up-to-date records documenting results of investigations. Lists of problems dealt with or remaining, identifies areas of uncertainty; ensures safe handover.
- Remains calm, delegates appropriately, ensures good communication. Tries to meet patient's/ relatives' needs and concerns, respecting their views and right to be informed.

Discharge planning

- Distinguish between illness and disease, disability and dependency. Understand the potential impact of illness and impairment on activities of daily living, family relationships, status, independence. Be aware of quality of life issues.
- Know role and skills of other members of the healthcare team, how to devise and deliver a care package. Know the support available from other agencies e.g. *specialist nurses, social workers, community care*. Understand the principles of shared care with the general practitioner service.
- Show awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care. Establish liaison with family and community care, primary care, communicate / report to agencies involved.
- Demonstrates an awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home.

SKILLS

- ACLS
- Deal with common medical emergencies
- Interpretation of blood results, ECG/Rhythm strips, Chest X-Ray, CT Brain
- Give clear instructions to both medical and hospital staff
- Order relevant follow up investigations
- Discharge planning
- Knowledge of patient pathways
- Knowledge of HIPE
- Multidisciplinary team working
- Communication
- Early regular and on-going consultation with family members and primary care physicians

ASSESSMENT & LEARNING METHODS

- Certified ACLS
- Record of on call
- miniCEX (acute setting) - each year
- Case based discussions
- Consultant feedback at annual assessment

**Specialty Section
Geriatric Medicine**

Introduction

The specialty curriculum for Geriatric Medicine has been divided into three sections: Basic Knowledge Areas; Core Clinical Topics; and Sub-specialty experience.

The sections are divided into areas, each area has details of the skills and knowledge to be acquired set out in some detail. The knowledge & skills are not meant to be exhaustive. Teaching and learning methods are suggested, and the methods used to assess competency and evidence likely to be sought are also given.

The Specialist Registrar in Geriatric Medicine should have satisfied the basic knowledge areas by the end of year 3 but will continue to build upon and use these skills throughout their career in Geriatric Medicine.

Knowledge & skills in Core Clinical Topics should also be obtained primarily in the early years of training and added to later in training. Sub-speciality experience is usually developed in the later years of training.

Basic Knowledge Areas

Objective: To understand and be able to explain basis of care of all aspects of medicine for older people. To be capable of applying this information correctly in the diagnosis and management of illness in older people.

The basic knowledge areas in Geriatric Medicine form the core basic skills that are required for the general and sub-speciality clinical areas. Developing an understanding of the basic knowledge areas is essential in the early years of Geriatric Medicine training but they will be built upon and added to throughout training and beyond.

Basic Science and Gerontology

Objective: To understand and be able explain the normal processes of aging. To understand how the effects of ageing and adaptive changes with ageing influence and interact with disease and disability in later life.

KNOWLEDGE

- The process of normal ageing in humans.
- The effect of ageing on the different organ systems and homeostasis.
- The effect of aging on functional ability.
- Past, present & predicted demographic trends in Ireland & worldwide
- Epidemiology of diseases frequently seen in old age
- The basic elements of the psychology of ageing.

SKILLS

- Be able to critically review the literature in this area
- Displaying an interest in the science underlying ageing
- Data retrieval & evaluation
- Information systems skills
- Management skills

ASSESSMENT & LEARNING METHODS

- Personal study, textbooks, journals & literature search
- Conference & meeting attendance
- Web-based information
- Consultant feedback at annual review

Comprehensive Geriatric Assessment

Objective: To perform a comprehensive assessment of health status of any illness in an older person, including mood and cognition, nutrition, gait, fitness for surgery in an outpatient, inpatient, day hospital or community setting. Trainees should be able to define the causes, pathophysiology, clinical features, laboratory findings, treatments, prognosis and preventative measures for the common problems and presentations in old age and their impact on the social and functional status of the older person.

KNOWLEDGE

- Functional status evaluation including assessment of basic ADL and IADL, social support, mental health and cognitive status, mobility including gait and balance, and nutritional evaluation.
- Interpretation of results in the context of health planning, quality of life assessment, and appropriate use of available health-related and social-related resources
- Factors influencing health status in older people.
- Measures employed in measuring health status and outcome.
- Understanding of the concept of frailty.
- Nutritional and feeding disorders
- Management of inpatient consultations
- Assessment of older patients pre- and post-surgery
- Influences disease and ageing has on the different organs and body systems
- Management of non-specific presentations in older people e.g. dizziness, fatigue, anaemia, weight loss, suspected abuse.
- Role and importance of carers
- Interpretation of results in the context of health planning & quality of life assessment
- Appropriateness of investigation in older people
- Awareness of health-related and quality of life
- Complex discharge planning

SKILLS

- Ability to perform a comprehensive geriatric assessment in different healthcare settings
- Communication skills
- Accurate and thorough history taking and examination
- Collateral history taking
- Prepare a priority list of diagnoses, health-related and social-related needs
- Team working
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHOD

- Working under supervision
- Self-directed learning e.g. journals & web-based information
- Learning through teaching & research
- Case Based Discussion
- Mini-CEx
- Consultant feedback at annual review

Drug Therapy in the Older Person

Objective: To be able to explain the indications, effectiveness, potential adverse effects, potential drug interactions and alternatives for medications commonly used in older patients. A working knowledge of the basic principles of therapeutics including adverse drug reactions, drug interactions, effects of disease states on drug pharmacokinetics is important.

Medication usage in older people is a vital aspect of knowledge for trainees in Geriatric Medicine. Knowledge in this area needs to be continuously updated. The list below is not intended to be exhaustive but highlights the basic and essential areas of knowledge.

KNOWLEDGE

- Changes in pharmacokinetics and pharmacodynamics in older people
- Indications & types of medication commonly used in older people
- Ability to identify non pharmacological treatments that can complement or rationalise drug therapy.
- Potential adverse effects of medication commonly used in older people
- Safely discontinuing inappropriate medication
- Reasons for poor concordance with prescribed medication & how to improve it
- An understanding of the consequences of administering drugs to older people
- A knowledge of Drug Formularies should be obtained at local and national levels
- Tools for measuring appropriate prescription in older people e.g. Beers criteria, Stop/Start tools
- Tools to maximize drug safety

SKILLS

- Practice evidence based prescribing
- Displaying professionalism, thoroughness, empathy, and respect for older people.
- Be able to critically review the literature
- Information systems

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed learning e.g. journals & web-based information
- Learning through teaching & research
- Study/training days
- Observed Prescribing Skills
- Case Based Discussion
- Consultant feedback at annual review

Rehabilitation in the Older Person

Objective: To understand and explain the principles of rehabilitation in older people and the importance of comprehensive geriatric assessment. To be able to explain the principles and measurements employed to assess and manage effectively disablement as it presents in older people.

Illness and disability go hand-in-hand with increasing frequency with increasing age. It is therefore essential that all trainees are exposed to rehabilitation methods throughout their training in different settings

KNOWLEDGE

- Knowledge of expectations and limitations of rehabilitation in a variety of medical and surgical conditions
- Knowledge of the feasibility of and the ability to select the most appropriate environment for rehabilitation
- Assessment and reablement in older patients
- Knowledge of the biopsychosocial model of disability
- Principles of rehabilitation in older people and importance of comprehensive geriatric assessment (CGA).
- Different measures (*assessment scales*) used to assess functional status and outcome of rehabilitation and their limitations.
- Objective evaluations of activities of daily living (ADL) ability, level of disability, handicap, cognitive status, and mood
- Requirements, roles and expertise of the different members of a multidisciplinary team
- Knowledge of the range of interventions such as physical treatments, aids, appliances and adaptations, and of specialist rehabilitation services available both in the hospital and in the community
- Show working knowledge of when community based rehabilitation is suitable
- Specific requirements of stroke and orthopaedic rehabilitation
- Awareness of practical issues in complex discharge planning & follow up after discharge in appropriate settings (e.g. Day Hospital)
- Awareness of the important role of support of older people in the community including both formal and informal care

SKILLS

- Communication skills
- Team working & contribution within a multidisciplinary team
- Management skills to promote team development
- Develop leadership skills in a multidisciplinary meeting setting
- Goal setting
- Ability to lead and contribute to patient and family meetings
- Displaying professionalism, thoroughness, empathy, and respect for older people.
- Awareness of community based rehabilitation interventions

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed learning e.g. journals & web-based information
- Multidisciplinary meetings
- Learning through teaching & research
- Study/training days
- Relevant conferences, seminars & meetings
- Case Based Discussion
- Mini-CEx, particularly for development of leadership of multidisciplinary meetings
- Consultant feedback at annual review

Discharge Planning

Objective: *To understand the process of discharge planning. To be able to document & implement a discharge plan. To understand a person-centred approach to discharge planning and the role of the multidisciplinary team, To obtain the knowledge and skills to plan the discharge of frail older patients from hospital.*

KNOWLEDGE

- Understand discharge planning as a process not an event
- Patient care pathways
- Patient autonomy
- Capacity assessment
- Roles and skills available within the multidisciplinary team
- Role of appropriate rehabilitation
- Tools that delineate dependency (CSAR, MDS)
- Service provision for older people in the community, how to access them & their role
 - Community care / community rehabilitation
 - Respite care
 - Institution-based long term care facilities
 - Voluntary agencies
 - Home health- home care package provision
 - Informal care provision
- The role of carers
- Effect of physical, mental impairments on activities of daily living
- The interaction of illness & functional disability in later life
- Family dynamics and socio-economic factors which affect successful discharge
- Recognise when inpatient setting is no longer necessary for optimum care.
- The criteria for long term residential care & the pathways through which this is organized
- Legislative background to long term residential care provision

SKILLS

- Awareness of home and environmental factors in discharge planning
- Team working
- Co-ordination and leadership in discharge planning
- Communication with patient, family and primary care services
- Advocacy role for patient

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Attending multidisciplinary meetings
- Leadership & chairing multidisciplinary meetings (particularly in later year)
- Study/training days
- Case Based Discussion
- Mini-CEx, particularly for development of leadership of multidisciplinary meetings
- Consultant feedback at annual review

Elder Abuse, Countering Ageism & Advocacy

Objective: To recognise and respond appropriately to cases of suspected elder abuse. To be aware of the procedures and protocols for dealing with suspected elder abuse both locally and nationally. To understand and be aware of the issue of ageism in society & in particular in healthcare. To develop respect for the autonomy of older patients. To develop advocacy skills to support older people in health & social care settings.

KNOWLEDGE

- Forms of abuse that older adults can suffer (financial, physical, emotional/psychological, sexual)
- Understand how concerns about elder abuse are highlighted
- Understand the role of elder abuse community case workers, hospital medical social workers, public health nurse, General Practitioners and Old Age Psychiatry (where appropriate in the assessment of an older adult with suspected elder abuse)
- Be aware of management guidelines both locally and nationally
- Understand the legislative background relating to elder abuse
- Medico-legal matters, including enduring-power of attorney & ward of court procedures
- Understand forms of ageism particularly as they relate to health services
- Service provision for those elderly in the area and resources required to provide this and their critical evaluation
- Understand issues where a geriatrician can act as an advocate for vulnerable older adults

SKILLS

- Communication skills
- Interviewing skills
- Team-working, recognition of the roles & expertise of others
- Be able to question the patient with appropriate empathy
- Come to a conclusion about the competence of the patient having assessed the patient's cognition and mood
- Knowledge of how to carry out the appropriate physical examination

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Workplace discussions
- Multidisciplinary meetings
- Specific elder abuse case conference (optional)
- Ethics I, II, III, IV
- Specialty Study Days
- Case based discussion
- Consultant feedback at annual review

Core Clinical Topics

Objective: To diagnosis, manage & treat illness in older patients in different health care settings. To understand the varying ways older people present with acute illness. To appreciate, diagnosis & manage the typical geriatric syndromes (Geriatric Giants). To understand the appropriateness & limitations of treatment of older people in different healthcare settings.

Diagnosis and Management of Acute Illness

Objective: To obtain the knowledge and skills to diagnose and appropriately manage acute illness in old age in an in-patient setting or in the community, when appropriate.

KNOWLEDGE

- Application of basic gerontology to acute illness
- Major geriatric syndromes - intellectual impairment, immobility, instability & incontinence
- Presentation with multiple problems & atypical symptoms in older people
- Acute geriatric medicine, medical disorders in all bodily systems
- Treatment options, pharmacological & non-pharmacological
- Principles of appropriate prescribing & pharmacology in older people
- Appropriateness of investigation
- Functional decline associated with acute illness
- Assessment methods for both cognition & function in older people
- Role of rehabilitation in conjunction of management of acute illness
- Management of resuscitation state of illness
- Awareness of health-related quality of life

SKILLS

- Communication skills
- History taking from patient and carer
- Use of appropriate assessment tools
- Appropriate investigation and interpretation of results
- Diagnostic skills
- Management skills in supervising & deploying junior staff
- Appropriate referral to other specialists
- Teamwork
- Rehabilitation skills
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed study – textbooks, journals
- Workplace discussion
- Departmental meetings
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Diagnosis and Management of Chronic Disease

Objective: To obtain the knowledge and skills to diagnose and manage older people with chronic disease and disability in in-patient, out-patient, day hospital and community settings.

KNOWLEDGE

- Application of basic gerontology to chronic illness
- Comprehensive geriatric assessment
- Major geriatric syndromes - intellectual impairment, immobility, instability & incontinence
- Diagnosis & management of chronic illness in older people
- Service provision in different settings, out-patients, day hospital, community
- Appropriateness of investigation
- Measurement of disability
- Measurement of Commonly Used Disease Severity Scales (e.g. NYHA in Heart Failure, GOLD in COPD etc)
- Rehabilitation for older people
 - Measuring and use of rehabilitation outcome scales
 - Modified Rankin Score
- Health Promotion
- Nutritional assessment
- Investigations and interpretation of results
- Drug and non-drug interventions
- Health promotion and vaccination
- Health-related quality of life
- Secondary disease prevention

SKILLS

- Communication skills
- History taking & examination
- Diagnostic skills
- Assessment of disability
- Management skills in supervising & deploying junior staff
- Rehabilitation skills
- Team working
- Use & interpretation of outcome scales
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Interface and Community Practice

Objective: To understand the importance of the interface of acute and community care, especially for frail older people. To understand the principles of care, and to become competent in the management of older patients, in a community geriatric setting in conjunction with a community- multidisciplinary team and other relevant agencies.

KNOWLEDGE

- Application of basic gerontology to illness
- Comprehensive geriatric assessment
- Major geriatric syndromes - intellectual impairment, immobility, instability & incontinence
- Clinical skills & assessment
- Role of emergency department & acute medical assessment units
- Knowledge and understanding of suitable problems that can be managed in the community and those that require acute care
- Resources & requirements for healthcare in different settings
- Role of Day Hospital & Ambulatory Care for older people
- Health promotion measures, pharmacology and therapeutics in older people, rehabilitation techniques and facilities.
- The role and skills of other health professionals, role of primary care teams
- Models of community geriatric care
 - Outreach service
 - Specialist early supported discharge e.g. stroke
 - Community hospital activity
- Knowledge and understanding of the various agencies involved in community care in Ireland.
- Knowledge of local community services
- Ability to recognise & manage those that can be managed in lower technology environments
- Effective communication to enable cross-agency management
- Appropriate use of resources/facilities
- Discharge planning in complex case
- Evaluation of the evidence base supporting complex health care interventions (e.g. cost benefit analysis, cost consequence analysis etc)

SKILLS

- Communication skills
- Good clinical skills
- Team working
- Advocacy
- Assessment & rehabilitation skills

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Attendance at appropriate community services
- Workplace discussion
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Long Term Care

Objective: To obtain the knowledge and skills to assess a patient's suitability for long-term care. To provide appropriate care to those in long-term care settings.

KNOWLEDGE

- Basic gerontology and the major geriatric syndromes and illnesses.
- Pharmacology: appropriateness and side effects of drugs in long-term use
- Ethical issues, obtaining consent, non-competent individuals; medico-legal issues; medico-legal context of decisions, best-interest judgement.
- Legal framework for management of adults lacking capacity (including concept of guardianship, ward of court, power of attorney)
- Assessment procedures for long term care applicants
- Cognitive, functional & medical assessments
- Prognosis of common conditions in older people
- Nursing Home Support Scheme provisions
- Practical issues that arise in application for funding of long-term care
- Relevant national provisions for regulating health care providers.
- Awareness for assessing standards in long term care
- Knowledge of HIQA Standards for continuing care
- Knowledge of minimum data set in long-term care.
- Awareness of different types & levels of long term care
- Social aspects of long term care provision
- Palliative care
- Selecting drug and non-drug interventions, assess outcome
- DNA orders.

SKILLS

- Effective communication, writing concise, accurate reports, handover skills.
- Diagnostic, prognostic skills, anticipate problems, arrange appropriate review
- Team and leadership, palliative care skills
- Assessment for appropriate long term care e.g. common summary assessment record
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision,
- Involvement in long term care assessments
- Attendance at local placement forum
- Attendance & care provision in long term care setting
- Workplace discussion
- Ethics I, II, III, IV
- Speciality study days
- Case based discussion
- Consultant feedback at annual review

Delirium

Objective: To recognise, diagnose and manage a state of delirium presenting both acutely or sub-acutely in hospitalised or community setting.

KNOWLEDGE

- Acute illness presenting with acute confusion
- Diagnostic criteria for delirium
- Relationship of delirium with dementia syndromes
- Delirium in post-operative patients
- Appropriate standardised measures of cognitive status
- Severity indices in delirium
- Risk factors and principal causes of delirium
- To recognise the principal features of delirium in acute and sub-acute illness states
- To be competent in managing the delirious patient including the management of underlying physical illness, the accompanying distressed mental state and consideration of environmental factors in its management
- Recognises legal issues
 - Consent
 - Management patients in common law
 - Appropriate regard for ethical principles governing actions
- Consideration of environmental and safety factors

SKILLS

- Management and assessing cognitive status in delirious states
- Diagnostic skills
- Communicating effectively with family and relatives

ASSESSMENT & LEARNING METHODS

- Working under supervision,
- Workplace discussion
- Ethics I, II, III, IV
- Speciality study days
- Case based discussion
- Consultant feedback at annual review

Dementia

Objective: To be able to investigate chronic cognitive impairment appropriately. To recognise and diagnose the common types of dementia in older people. To manage dementia in older people

KNOWLEDGE

- Application of basic gerontology
- Subjective memory complains
- Awareness of diagnostic criteria for dementia syndromes
- Common causes of dementia e.g. Alzheimer's, vascular, frontal temporal, Lewy body
- Aetiology and pathophysiology of dementia
- Awareness of implications of dementia diagnosis - social, legal, financial
- Competence in pharmacology management of dementia
- Capacity assessment in dementia
- Management of psychiatric symptoms in dementia
- Awareness of social supports for patients and their carers e.g. respite, day centres etc.
- Role of carers & family
- Role of voluntary organisations e.g. Alzheimer's society support
- Role of multidisciplinary team
- Appropriate referral to other specialties (e.g. psychiatry of old age)
- Awareness of diagnosis of mild cognitive impairment (MCI) subtypes and their relationship to dementia development
- Role of memory clinic in assessment of cognitive symptoms
- Medico-legal aspects of dementia care e.g. capacity
- End of life care

SKILLS

- Communication skills
- Diagnostic skills and management of dementia
- Team working
- Professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Instability & Falls

Objective: To obtain the knowledge and skills to assess and manage older patients presenting as a result of falls (with or without fracture) in an in- or out-patient setting, or in the community. To obtain the knowledge and skills to assess and manage older patients with gait problems & a risk of falling

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Role & expertise of the multidisciplinary team
- Causes and, risk factors for non-syncopal falls, syncope & gait problems
- The interlinking of falls, syncope & gait problems
- Drugs and neurovascular causes of falls and syncope.
- Knowledge of complications of falls - both physical and physiological
- Awareness of Falls Prediction Tools e.g. STRATIFY
- Intervention to provide fracture prevention – osteoporosis & bone protection
- Interventions to prevent & reduce falls
- Gait assessment
- Balance, strength and mobility assessments
- Drugs and non-drug interventions to reduce risk, protect from effects.
- Health promotion, encourage appropriate activity, instruct/advise on use of aids.
- In-hospital falls management strategies
- Awareness of issues regarding restraint use
- Awareness of home environment to reduce the risk of future falls
- Awareness of issues pertaining to vision, footwear, seating in falls prevention

SKILLS

- Communication skills
- History taking & examination
- Diagnostic skills
- Gait assessment
- Rehabilitation skills
- Team working

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Poor Mobility

Objective: To acquire the knowledge and skills to assess & diagnose the causes of immobility & poor mobility in older people and aid its management

KNOWLEDGE

- Application of basic gerontology,
- Risk factors and causes of immobility.
- Comprehensive geriatric assessment
- Presentation of a wide spectrum of diseases with poor mobility in older people
- Locomotor problems e.g. osteoarthritis, rheumatological disorders in later life
- Parkinson's disease, cerebrovascular disease, neuropathies & other neurological disorders affecting mobility
- Role & expertise of the multidisciplinary team
- Principles of rehabilitation in the older person
- Interventions to improve mobility, both drug and non-drug interventions
- Able to enlist patient's carer's
- Involvement in setting/achieving realistic goals.
- Awareness of home and environmental factors in discharge planning

SKILLS

- Communication skills
- History taking & examination skills
- Gait Assessment
- Rehabilitation skills
- Development of leadership skills in multidisciplinary team
- Team working

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Continence Care

Objective: *To attain the knowledge and skills to successfully assess, diagnose & manage the basics of urinary and faecal incontinence in older people, and access relevant sources of assistance.*

KNOWLEDGE

- Application of basic gerontology,
- Risk factors and causes of incontinence
- Comprehensive geriatric assessment
- Presentation of a wide spectrum of diseases with incontinence
- Appropriateness of investigations
- Management including the role of physiotherapy, drugs and surgery
- Aids and equipment available
- The role of the continence nurse specialist
- Investigations to direct/plan interventions i.e. urodynamics
- Drug and non-drug interventions applicable
- Role of carers & carer burden
- Health related quality of life issues
- Special considerations for continence management in long term care settings.

SKILLS

- Communication skills
- History taking & examination skills
- Interpretation of investigations to direct/plan interventions (i.e. urodynamics)
- Management of both urinary & faecal incontinence in older patients
- Empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Sub-Specialty Experience

Objective: *The later years of training should focus on consolidating the basic knowledge areas & core clinical topics with greater emphasis on developing the skills required to practice independently. An expertise in the common problems encountered in older patients, such as falls, delirium, dementia, incontinence and poor mobility should be developed throughout training. In the later years of an SpR's training, sufficient time should be assigned to education and training in the subspecialties areas within Geriatric medicine if this has not been achieved in earlier years. All trainees are required to gain experience in all sub-specialty areas. Such subspecialty experience may be acquired in specific full time or sessional attachments (by arrangement), in order to achieve the appropriate levels of knowledge and skills. Some trainees may wish to develop additional skills & expertise in individual sub-specialty areas.*

Stroke Care

Objective: *To attain the knowledge and skills to provide a comprehensive service for patients with acute stroke and chronic stroke-related disability in hospital and the community. To achieve competence in the assessment, diagnosis & management of acute stroke.*

KNOWLEDGE

- Neuro-anatomy & stroke pathophysiology
- Epidemiology of stroke
- Stroke Risk Factors
- Primary and secondary prevention measures for stroke
- Stroke therapeutics
- Acute stroke assessment
- Acute stroke management including thrombolysis
- Recognition & investigation of stroke mimics
- Transient ischaemic attack assessment & risk Stratification for impending stroke
- Diagnostic issues relating to neuroimaging in stroke disease
- Appropriateness of investigation
- Stroke unit practice
- Management of post thrombolysis complications
- Measurement of Stroke Severity/ Use of Stroke Severity Scores e.g. NIHSS
- Complications of acute stroke e.g. seizure, dysphagia, sepsis etc
- Role & expertise of multidisciplinary team
- Nutrition & Feeding issues
- Post stroke Depression management
- Rehabilitation principles
- Different rehabilitation models in hospital and community.
- Knowledge of longer term / chronic stroke sequelae e.g. cognitive impairment, hypertonicity etc
- Complex Discharge Planning for Stroke
- After discharge care in appropriate settings e.g. Day Hospital
- Effects on carers.
- Ethical and legal issues relating to patient with severe disability
- Palliative Care
- Community Supports for stroke patients e.g. Volunteer Stroke Scheme

SKILLS

- Diagnostic skills
- History taking & examination
- Interpretation of investigations
- Management skills supervising & deploying junior staff
- Team working
- Rehabilitation skills
- Assessment of patients with acute stroke
- Management of chronic stroke-related disability
- Management of spasticity (including criteria for botulinum toxin administration)
- Management of feeding problems
- Management of language difficulties
- Assessment of mood and cognitive impairment post stroke
- Discharge planning principles
- Assessment for driving post stroke & flying post stroke
- Empathy and respect

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Experience on a stroke service
- Experience in a stroke unit
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- NIHSS course (online)
- Diploma in Cerebrovascular Medicine and Stroke (RCPI) (optional)
- Case based discussion
- Consultant feedback at annual review
- Mini-CEx,
- Delivering Thrombolysis in a Clinical Practice

Palliative Care

Objective: To acquire the knowledge, skills and attitude to deliver appropriate palliative care treatment to older patients

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Palliative versus terminal care
- Palliative care in both malignant & non-malignant diseases in older patients
- Breaking bad news
- Drug therapy in older people
- Medication side effects
- Appropriateness of investigation
- Symptoms caused by disease, treatment or concurrent disorder
- Symptom profiles in terminally ill patients,
- Varying patterns of pain presentation in older persons e.g. delirium
- Principles of pain management
- Specialist pain interventions such as nerve blocks, TENS, acupuncture
- Management of emergencies in palliative care, e.g. acute pain, hypercalcaemia, haemorrhage, spinal cord compression.
- Management of nausea, dyspnoea, anxiety, fear & constipation
- Psycho-social aspects of palliative care
- Issues around hydration, nutrition continence, and mood
- Modern approaches to bereavement care.
- Ability to develop an appropriate management plan which also anticipates future problems
- Assessment of prognosis and quality of life issues with patients and carers
- Ethic issues & patient autonomy
- Medico-legal aspects of end-of-life care
- Compassionate understanding of a dying person's wishes
- Particular issues around palliative care for those in long term care
- Role of the hospice & specialist services in palliative care
- Retains and preserves respect for the individual throughout the duration of the illness
- Actively engages in anticipating and dealing with the impact of bereavement on people and families.
- Recognises the ethnic, cultural and societal differences that exist, equally accommodates different approaches to death and dying

SKILLS

- Communication skills
- Team work
- Diagnostic skills
- Assessment of the problems requiring palliative care
- Professionalism, thoroughness, empathy, and respect

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Experience with specialist palliative care service
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Ethics I, II, III, IV
- Case based discussion
- Consultant feedback at annual review

Old Age Psychiatry

Objective: To achieve the knowledge and skills to assess and manage older patients presenting with the common psychiatric conditions, and to know when to seek specialist advice.

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Diagnostic criteria for major psychiatric conditions: depression, anxiety and psychosis
- Cognition and mood assessment
- Dementia diagnosis & dementia subtypes
- Awareness of assessment tools for psychiatric illness e.g. Geriatric depression score,
- Pharmacology and therapeutics in mental illness
- Appropriateness of both drug and non-drug interventions
- Medico-legal issues - capacity assessment
- Able to deal with challenging behaviour,
- Assessment of patient's competence
- Awareness of local hospital & community services for psychiatric illness for older people
- Mental health in long term care
- Be aware of impact of psychiatric illness on family
- Appropriate referral to psychiatrists and psychologists

SKILLS

- Communication skills
- Team work
- Diagnostic skills
- Assessment of the mood
- Assessment of cognition
- Mental state examination
- Professionalism, thoroughness, empathy, and respect

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Experience with specialist old age psychiatric service
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Ethics I, II, III, IV
- Case based discussion
- Consultant feedback at annual review

Orthogeriatrics & Bone Health

Objective: To achieve the knowledge and skills to provide assessment of acutely ill orthopaedic patients and subsequent rehabilitation for these patients. To attain the knowledge to assess & treat fracture risk in older patients

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Common medical problems in patients with fractures neck of femur
- Operative risk assessment
- Peri-operative surgical and anaesthetic issues
- Major geriatric syndromes and illnesses that commonly occur in the acute fracture setting and acute post operative setting e.g. delirium, infections, electrolyte abnormalities, dehydration
- Principles & values of shared care
- Rehabilitation post fracture
- Role & expertise of multidisciplinary team
- Causes and management of osteoporosis.
- Principles of risk assessment for future fracture e.g. FRAX tool
- Bone densitometry interpretation & its' limitations
- International Management Guidelines for prescribing e.g. SIGN, NICE etc
- Bone Turnover Markers & their role in therapeutics
- Management of Vitamin D deficiency
- Different models of orthogeriatric care
- Awareness of falls prevention services
- Importance of interlinking of falls & bone health services for older people
- Principles of discharge planning

SKILLS

- Diagnostic skills
- Team work
- Interpretation of investigation
- Displaying professionalism, thoroughness, empathy and respect for older people.

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Experience on ortho-geriatric liaison service
- Osteoporosis specialty clinic
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Syncope

Objective: *To attain the knowledge and skills to assess, diagnose & manage patients with syncope and in hospital and the community. To understand the development of a comprehensive syncope service*

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Epidemiology of syncope
- Differential diagnosis of syncope
- Carotid sinus syndrome & orthostatic hypotension
- Investigation and management of patients with syncope.
- Familiarity with non-invasive beat to beat and continuous ambulatory blood pressure measurement
- Cardiac rhythm monitoring & use of implantable loop recorders
- Complications of investigative procedures
- Drug and non-drug interventions
- Establishing a syncope clinic
- Risk Stratification after syncope & awareness of international management guidelines e.g. European Cardiology Society Guidelines on Syncope
- Interlinking of falls, bone health & syncope investigation

SKILLS

- Communication skills
- History taking & examination
- Assessment of patients with syncope, orthostatic hypotension and vasovagal syncope.
- Use and interpretation of non-invasive beat-to-beat blood pressure measurement.
- Use and interpretation of continuous ambulatory blood pressure measurement.
- Use and interpretation of continuous and event driven ECG monitoring
- Tilt table testing – ability to perform and interpret
- Carotid sinus massage – ability to perform and interpret
- Displaying professionalism, thoroughness, empathy and respect for older people.

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Experience in syncope investigation
- Tilt-table testing
- Osteoporosis specialty clinic
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Mini-CEx
- Consultant feedback at annual review

Movement Disorders in Older Person

Objective: To attain the knowledge and skills to assess, diagnose & manage older patients with movement disorders in hospital and in the community. To achieve understanding of Parkinson's disease and Parkinsonism and their management.

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Role & expertise of the multidisciplinary team
- Pathophysiology, epidemiology & clinical features of the common movement disorders in older people including: Parkinson's disease; Progressive supranuclear palsy; Multi-systems atrophy; Tardive dyskinesia
- Investigation & differential diagnosis of tremor
- Principles of investigation of reduced mobility
- Epidemiology of Parkinson's disease.
- Investigation and management of patients with Parkinson's disease - including motor and non motor complications - mood, swallow, falls and cognitive impairment
- Parkinsonism and alternative diagnoses.
- Drug and non-drug interventions
- Rehabilitation issues
- Complications of treatment.
- Measurement of Parkinson's disease Severity e.g. UPDRS
- Management of Parkinson's disease in post operative setting
- Use of continuous apomorphine medication via subcutaneous infusion pump
- Establishing a Parkinson's disease clinic & Role of Parkinson's Nurse.
- Awareness of Deep Brain Stimulation role/ Neurosurgery in PD

SKILLS

- Communication skills
- History taking & examination
- Team working
- Gait assessment
- Assessment of patients with Parkinson's disease
- Drug and non-drug interventions in Parkinson's disease
- Rehabilitation principles
- Discharge planning skills
- Displaying professionalism, thoroughness, empathy and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision
- Experience in movement disorders clinic
- Self-directed study – textbooks, journals
- Workplace discussion
- Learning through teaching & research
- Speciality study days
- Attendance at meetings, & conferences
- Case based discussion
- Consultant feedback at annual review

Minimum Requirements for Training

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
On Call Rota	Required	1	Training Post	Form 064
Section 2 - Training Activities				
Outpatient Clinics (minimum 1 Geriatric clinic per week; 1 Specialty Clinic per week)				
General Geriatric Medicine Clinic (minimum 1 per week)	Required	40	Year of Training	Form 001
Specialty Clinic (minimum 1 per week)				
These should include the following:				
TIA/Stroke	Required	7	Year of Training	Form 001
Osteoporosis	Required	7	Year of Training	Form 001
HTN	Required	7	Year of Training	Form 001
Syncope/Falls	Required	7	Year of Training	Form 001
Parkinson	Required	7	Year of Training	Form 001
Memory Clinic	Required	7	Year of Training	Form 001
Ward Rounds/Consultations				
Consultant Ward Round (minimum 1 per week)	Required	40	Year of Training	Form 002
SpR Led Ward Round (minimum 1 per week)	Required	40	Year of Training	Form 002
Consultations	Desirable	1	Year of Training	Form 002
Emergencies/Complicated Cases (Diagnosis of nature of problem and it's presentation, emergency case for investigation)				
Adverse Drug Reactions (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute PE in the older person (minimum 1 case per year)	Required	1	Year of Training	Form 003

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Acute GI in the older person (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Stroke (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute TIA (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Delirium (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Sepsis (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Coronary Syndrome (minimum 1 case per year)	Required	1	Year of Training	Form 003
Procedures/Practical Skills/Surgical Skills				
Tilt Table (Optional)	Desirable	1	Training Programme	Form 004
Thrombolysis (1 per year)	Required	1	Year of Training	Form 004
Additional/Special Experience Gained				
Continence Services	Desirable	1	Training Programme	Form 005
Stroke (Thrombolysis) Services	Desirable	1	Training Programme	Form 005
Orthopaedics	Desirable	1	Training Programme	Form 005
Psychiatric Liaison	Desirable	1	Training Programme	Form 005
Rehabilitation	Desirable	1	Training Programme	Form 005
Palliative Care	Desirable	1	Training Programme	Form 005
Rheumatology	Desirable	1	Training Programme	Form 005
Chemical Pathology	Desirable	1	Training Programme	Form 005
Community Liaison	Desirable	1	Training Programme	Form 005
Relatively Unusual Cases	Desirable	1	Training Programme	Form 019
Chronic Cases/Long term care	Desirable	1	Training Programme	Form 066
Offsite Activities				
Community Activities	Desirable	1	Year of Training	Form 082
Day Care Activities	Desirable	1	Year of Training	Form 082
Domiciliary Visits	Desirable	1	Year of Training	Form 082
ICU/CCU Cases	Desirable	1	Training Programme	Form 090

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Management Experience	Desirable	1	Training Programme	Form 110
Section 3 - Educational Activities				
Mandatory Courses				
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Audit (Year 1)	Required	1	Training Programme	Form 006
Leadership Skills (Year 3+)	Required	1	Training Programme	Form 006
Ethics I: Professionalism	Required	1	Training Programme	Form 006
Ethics II: Ethics & Law	Required	1	Training Programme	Form 006
Ethics III: Research	Required	1	Training Programme	Form 006
Ethics IV: End of Life	Required	1	Training Programme	Form 006
ACLS	Required	1	Training Programme	Form 006
Online NIHSS course	Required	1	Training Programme	Form 006
Modified Rankin	Required	1	Training Programme	Form 006
Delivering Thrombolysis in a Clinical Practice	Required	1	Training Programme	Form 006
Non – Mandatory Courses	Desirable	1	Training Programme	Form 007
Study Days (attend 3 out of 4 days per year)	Required	3	Year of Training	Form 008
See examples: (Geriatric Assessment, Othogeriatrics & Bone Health, Diagnosis and Management of Chronic Disease, Interface and Community Practice, Palliative Care, Dementia, Syncope, Drug Therapy in the Older Person, Rehabilitation, Elder Abuse, Countering Ageism and Advocacy, Long Term Care, Delirium, Dementia, Instability and Falls, Poor Mobility, Continence Care, Stroke Care, Movement Disorders, Diagnosis and Management of Acute Illness)				
National/International meetings (minimum 1 per year)	Required	1	Year of Training	Form 010
In-house activities				
Grand Rounds (minimum 1 per month)	Required	10	Year of Training	Form 011
Journal Clubs (minimum 1 per month)	Required	10	Year of Training	Form 011
MTD meetings (minimum 1 per week)	Required	40	Year of Training	Form 011
Radiology Conferences	Desirable	1	Year of Training	Form 011

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Pathology Conferences	Desirable	1	Year of Training	Form 011
Lecture	Desirable	1	Year of Training	Form 011
Seminar	Desirable	1	Year of Training	Form 011
Examinations	Desirable	1	Training Programme	Form 012
Formal Teaching Activity (minimum 1 formal teaching session per month from the categories below:)	Required	10	Year of Training	Form 013
Lecture				
Tutorial				
Bed side Teaching				
Research	Desirable	1	Training Programme	Form 014
Audit activities (minimum 1 audit per year either to start or complete)	Required	1	Year of Training	Form 015
Publications	Desirable	1	Year of Training	Form 016
Presentations	Required	1	Year of Training	Form 017
Committee Attendance	Desirable	1	Training Programme	Form 063
Additional Qualifications	Desirable	1	Training Programme	Form 065
Section 4 - Assessments				
CBD	Required	1	Year of Training	Form 020
See examples: (Geriatric Assessment, Othogeriatrics & Bone Health, Diagnosis and Management of Chronic Disease, Interface and Community Practice, Palliative Care, Dementia, Syncope, Drug Therapy in the Older Person, Rehabilitation, Elder Abuse, Countering Ageism and Advocacy, Long Term Care, Delirium, Dementia, Instability and Falls, Poor Mobility, Continence Care, Stroke Care, Movement Disorders, Diagnosis and Management of Acute Illness)				
DOPS	Desirable	1	Training Programme	Form 021
Mini-CEX (At least two Mini-CEX assessments)	Required	2	Year of Training	Form 023