INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING *in*

GENERAL INTERNAL MEDICINE

OUTCOME-BASED EDUCATION CURRICULUM

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This curriculum of training in General Internal Medicine was developed in 2019/2020 through a systematic review of training, led by Dr Jaynat Sharma.

The curriculum was reviewed by multiple stakeholders including Prof John McDermott, Associate Dean. The curriculum undergoes an annual review process by the NSDs and the Education Department. The curriculum is approved by the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comment
6.0	July 2026	Tina Dignam	Updates to the Core Professional Skills section to explicitly align with the Eight Domains of Good Professional Practice.

National Specialty Director's Foreword

This curriculum outlines The Royal College of Physicians of Ireland's approach to accreditation and certification of Basic Specialist Training (BST) in General Internal Medicine.

Completion of BST is an essential step for a career in Internal Medicine and its associated specialties. BST also provides a solid foundation for further training in many other fields of Medicine – for instance, Pathology, Public Health Medicine, Occupational Medicine, Radiology, General Practice and Anaesthesia.

This curriculum is aimed at Senior House Officers (SHOs) in training and their supervising Trainers. It outlines the knowledge, skills and professional attributes that should be attained and developed during BST. This Curriculum and the Membership of the Royal College of Physicians Ireland (MRCPI) examination syllabus are aligned and this curriculum may be used as a study aid when preparing for these examinations.

This core curriculum has been updated to ensure that these elements are completed to the satisfaction of RCPI. Accreditation and certification will focus on evaluation of a Trainee's progress, via a yearly ePortfolio and a mandatory annual evaluation, which will ensure that the necessary competencies are being achieved.

RCPI recognises that (notwithstanding the requirement to rotate through 3 of 5 core specialties/do at least 18 months on call etc.) not all Trainees will have the same exposure to specialities and therefore their training experience will differ. As a result, the topics and practical skills obtained during BST will reflect the individual's rotation scheme.

Dr John McDermott,
Associate Director, Basic Specialist Training

BST has a number of key elements:

1. Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum.
2. Experience of professional and ethical practice through mentorship by senior clinicians and supported by RCPI's mandatory courses.
3. An academic programme of journal clubs, grand rounds, SHO tutorials provided in training hospitals.
4. Formal assessment of the knowledge and skills gained by each Trainee during their clinical experience. This assessment takes place in the form of structured and workplace based assessments and an annual evaluation, regular review with Trainer and training leads, and the mandatory MRCPI examination.

Contents

1 Introduction

This section includes an overview of the training programme and how to use this curriculum document.

1.1 Purpose of training

This programme is designed to provide Basic Specialist Training (BST) in General Internal Medicine in approved training posts under supervision to fulfil agreed curricular requirements. Each post provides a Trainee with a named Trainer. The programme is under the direction of the National Specialty Director(s) of the Institute of Medicine.

1.2 Purpose of the curriculum

The purpose of the curriculum is to define the relevant processes, contents, outcomes and requirements to be achieved. The curriculum is structured to delineate the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the BST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians of Ireland (RCPI) has implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional minimum based requirement designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

1.3 How to use the curriculum

Both Trainees and Trainers require a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with Trainees, particularly during goal-setting, feedback and appraisal processes.

Each Trainee is expected to engage with the curriculum by maintaining an ePortfolio in which assessments and feedback opportunities must be recorded. The ePortfolio allows Trainees to build up evidence to inform decisions on their progress at the annual reviews, whilst also providing tools to support and identify further educational and development opportunities.

It is imperative that Trainees keep an up to date ePortfolios throughout the duration of their programme.

1.4 BST ePortfolio

ePortfolio is a record of a Trainee's progress through BST and evidence that their training is valid and appropriate. The BST ePortfolio is required for the issue of a BST Certificate of Completion.

1.5 Training Goals

Training goals are the main overarching areas of training. Each training goal is broken down into measurable and defined training outcomes.

Clinical and professional experience is recorded under these training goal headings. For each post the Trainee and Trainer will meet to complete an end of post assessment and evaluate progress for each goal. The Trainer will determine if the Trainee's progress meets expectation for that point in training.

Experience will be gained in a variety of posts and clinical setting. For each post a Trainee is expected to develop their skills against these goals and record outcomes appropriately. Assessments of these skills incorporate core professional skills.

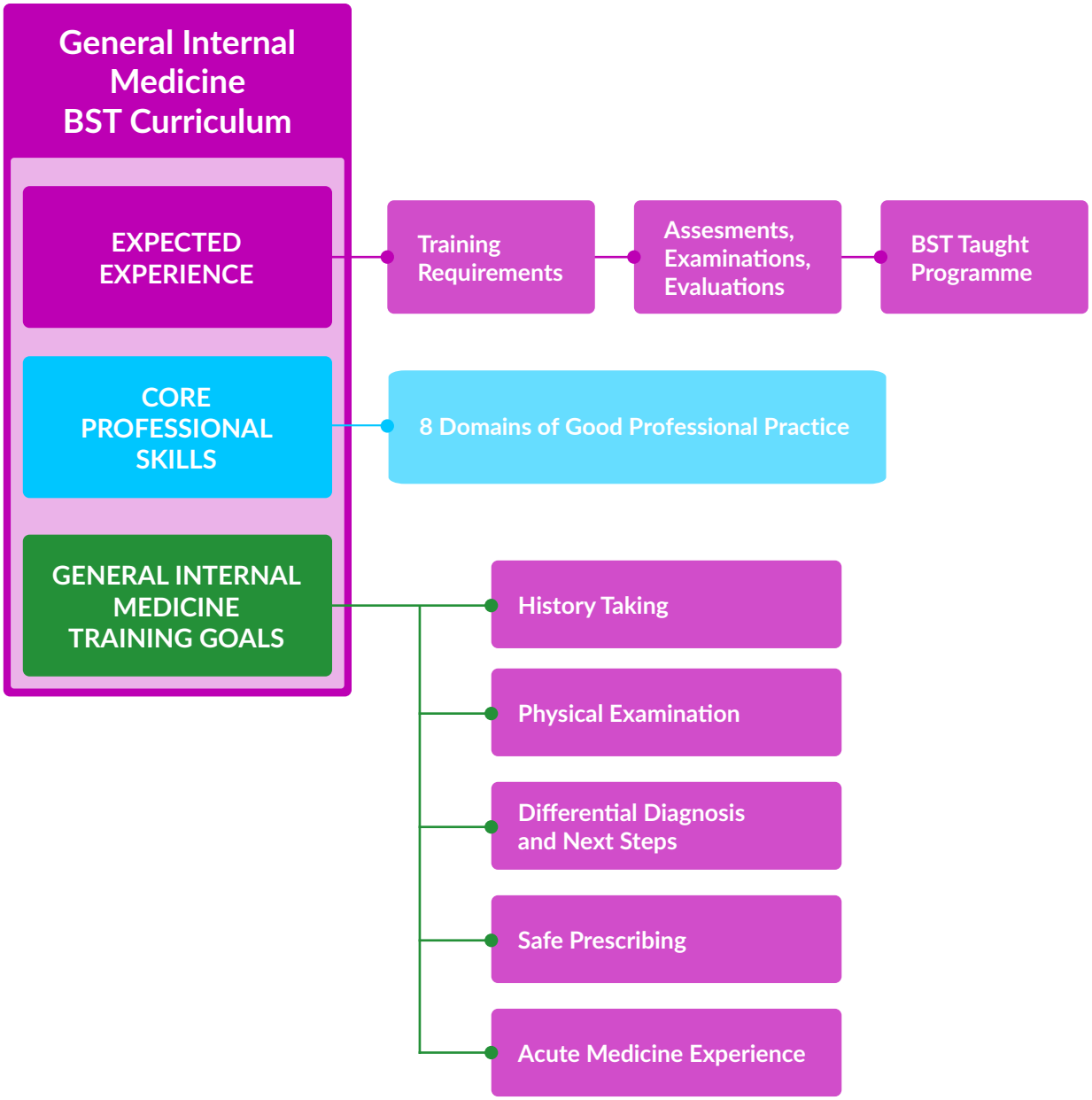
1.6 Outcomes

Specific outcomes are defined under each goal. By the end of BST, a Trainee should demonstrate an ability to meet each outcome. Evidence of experiences (training and learning), expected case mix, feedback, assessments and evaluations are some of the methods to achieve outcomes. Please refer to the "Focus of Assessment" outlined under most outcomes for indications.

1.7 Reference to rules and regulations

Please refer to the General Internal Medicine BST Training Handbook for rules and regulations associated with this training. Policies, procedures such as Allocation policies, Flexible Training, Absences, Withdrawal, etc. and the General Internal Medicine Training Handbook can be accessed on the RCPI website.

1.8 Overview of Curriculum



2 Expected Experience

This section details the training experience that all Trainees are expected to complete over the course of the Basic Specialist Training in General Internal Medicine.

2.1 Rotations and Experiential Requirements

BST consists of two years of training in approved Senior House Officer (SHO) posts. SHO grade is the initial training grade after Internship.

BST in General Internal Medicine is regulated and certified by RCPI and completion of this period of training has been a mandatory requirement for entry into most, but not all, RCPI-accredited Higher Specialist Training Programmes (Specialist Registrar training) since 1999.

BST must be undertaken in a two-year rotation that has been approved for training by RCPI.

BST General Internal Medicine Trainees must pass the MRCPI examination in order to qualify for a certificate of completion of BST.

Besides the acquisition of specific clinical skills and competencies, it is emphasised that personal development - including leadership, team working, communication, presentation skills, basic management and audit are important core components of BST.

All rotations must meet the criteria outlined in this curriculum and all rotations require the approval of RCPI. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

BST Site Visits include review of rotations with the Regional Programme Directors, assurance of the academic training environment and feedback from Trainers and Trainees.

Rotations:

1. Each Trainee must rotate through **three out of the five core specialties** listed:

    a. Cardiology
    b. Respiratory
    c. Geriatric Medicine
    d. Endocrinology
    e. Gastroenterology

2. Each post is 3 months in duration and the BST programme is 24 months in total

3. A full rotation must include:

    a. A minimum of 3 months spent outside of the metropolitan area
    b. A minimum of 3 months in a level 4 hospital
    c. A minimum of 3 months in a level 3 or level 2 hospital
    d. To be deemed to have completed a 3 month rotation a Trainee must have completed a minimum of 8 weeks working out of the 3 months; otherwise the rotation will need to be repeated.

4. Each Trainee must spend a minimum of 18 months on call, to include on call at night as per local hospital rotas, and to include a minimum of 12 months unselected General Internal Medicine call

    a. Cardiology call can be accepted in lieu of General Internal Medicine call
    b. A three-month post in the emergency department may be counted towards your 18 month call requirement.

5. Each Trainee must have an assigned Trainer, approved by RCPI

6. Each Trainee should spend no more than three months in one specialty

7. Structured Educational Activities must be in place at each training site. This may include journal clubs, case based small group teaching, grand rounds and MDT meetings

8. Trainees should attend specialty outpatient clinics and, when on acute medicine service, should participate in post call ward rounds

Completion Dates:

Completion dates may change under the following circumstances:

- A Trainee takes special leave in excess of six weeks over two years, and is required to complete a further period of training
- A Trainee has not reached the required standard and is required to undertake additional training.
- A Trainee has not fulfilled the curriculum requirements for BST certification and is required to undertake additional training or attend outstanding mandatory courses.
- A Trainee has not completed a minimum of 8 weeks in a rotation.

If a Trainee's completion date is changed for any reason, the Trainee and regional programme director will be informed in writing by the BST coordinator in the Training and Faculties Office RCPI.

2.2 Clinical Activities

As per the Rotation and Experiential Requirements outlined above, Trainees are required to record the following activities with this frequency:

- Outpatient clinics
    - Expected Frequency: A minimum of 8 clinics per 3 month rotation (in specialties with an outpatient commitment)
- Ward rounds
    - Expected Frequency: At least two per week
- Post-call ward rounds
    - Expected Frequency: At least four per month

- On call experience
  - Required record: How often a Trainee is on call, the type of call and the average number of patients seen on call.

All these activities can be recorded using the Clinical Activities form in ePortfolio. This form should be completed for each activity and at each post. A separate form should be completed for each type of outpatient clinic attended during a post. Ward Rounds and Post-call ward rounds are listed together, a separate form is submitted for each. If the Trainee has not completed an activity during the post they should submit a form reflecting this with a count of zero.

Attendance will be discussed at the end of each post and experience evaluated. The Trainee should regularly attend the training opportunities that are available to them and Trainers will determine if the Trainee has done so to a satisfactory level. It is expected that Trainees may miss some weeks due to leave, course requirements etc., approximately 80% attendance is expected at listed activities although this will vary by training site.

2.3 BST Taught Programme

Use the Teaching Attendance form to record the completing of the BST Taught Programme and attendance at in hospital teaching. All taught elements must be completed once during BST. Trainees are expected to attend all in-house and local teaching and training made available to them, Trainees may miss some on site sessions due to scheduling, leave etc. Attendance at all virtual tutorials is required. At the end of post assessment the Trainer will indicate if they are satisfied that they Trainee has attended as much available teaching as possible.

GIM BST Specialty-Specific Courses and Workshops

In addition to the modularise Taught Programme described below, Trainees in BST General Internal Medicine will also complete specialty-specific courses and workshops. These are:

- Delirium Recognition and Response (year 2)
- How to Survive Acute Take (recommended)
- Structured Educational Activities (recommended)

BST Taught Programme

Year One

July - September **Finding Your Place**

- **Online Content**
  - Guide to Professional Conduct and Ethics
  - Communication with Patients: Core Professional Skills and Values in Communication
  - Principles of Person-Centered Care
  - Principles of Shared Decision Making
  - Introduction to Quality Improvement
  - Introduction to Patient Safety
  - Safe Prescribing
  - Principles of Antibiotic Use
- **Virtual Tutorial**
  - Prioritisation
  - Time Management
  - Teamwork
  - Personal and Professional Boundaries
  - Clinical Learning Environment
  - Reflective Practice: Goal Setting

continued overleaf...

October - December — Patient Safety and Person-Centred Care

Online Content

- Teaching - Receiving Feedback
- Thriving in BST
- Person-Centred Care: Patient Experience and Outcomes
- Safer Care: Decision Making, Situation Awareness and Communication

Virtual Tutorial

- Medical Council Guide and Eight Domains of Good Professional Practice
- Ethical Challenges for Doctors
- Defining and Applying Person-Centred Care Principles

January – March — Confidentiality, Capacity and Consent

Online Content

- Awareness of the Importance of Child Protection
- Awareness of Differing Needs Due to Socio-Cultural Diversity
- Journal Club: Learning and Presenting
- Written Communication - Writing To and For Patients (Accessible Writing)
- Healthcare Records and Record Keeping
- Differences Between Leaders and Managers in BST

Virtual Tutorial

- Confidentiality
- Shared Decision Making - Maximising and Assessing Capacity
- Additional Vulnerabilities

April - June — Agency for Patient Safety

Online Content

- Communication for Conflict and Conflict Resolution
- Leadership for Patient Safety
- Developing Shared Decision-Making Skills
- Advance Care Planning

Virtual Tutorial

- Positive Patient Safety Culture
- Approaches for Safer Practice, Including Prescribing and Handover
- Complexity of Medical Error and Different Ways of Understanding It
- Agency, Situation Awareness and Psychological Safety

continued overleaf...

Year Two

During year two completion of the online module Delirium is required.

July – September Thriving in BST

- **Online Content**
  - Research: Role, Design and Methods
  - Evidence Appraisal and Critical Appraisal
  - Healthcare Quality Improvement and Clinical Audit
  - Communication: Self-Reflection
  - Thriving in BST Year 2
- **Virtual Tutorial**
  - Career Decisions
  - CV and Interview Prep
  - Imposter Syndrome
  - Burnout

October – December Healthcare Ethics

- **Online Content**
  - Types of Leadership Styles
  - Teamwork: Working Cohesively in Multidisciplinary Teams
  - Time Management
  - Communicating Horizontally and Vertically in the Workplace
  - Emotional Intelligence Re-Evaluated: Advanced Insights for New Leaders
  - Clinical Research Question
  - Literature Review
- **Virtual Tutorial**
  - Exploring Ethical Dilemmas
  - Bias
  - Legality

January – March Communication and Adverse Events

- **Online Content**
  - Communicate with Colleagues with Higher Authority
  - How to Challenge Authority Constructively
  - Principles of Open Disclosure
  - Supporting Colleagues in Stress
- **Virtual Tutorial**
  - An Introduction to Threat and Error Management
  - Raising Safety or Quality Concerns
  - Reporting Medical Error and Adverse Events
  - Near Misses and Events
  - Adverse Incidents

continued overleaf...

April - June **Increased Responsibility**

- **Online Content**
  - Physician Wellbeing: Step Up to Reg
  - Introduction to Sustainable Use of of Resources
  - An Introduction to Health Equity
  - Functional Capacity for Clinical Practice
  - Recognise Patient Cues for Advance Care Planning Discussions
  - Social Determinants of Health
  - Bias and Cultural Competence in Healthcare
- **Virtual Tutorial**
  - Communication Skills Review
  - Managing the Deteriorating Patient
  - Situation Awareness and Clinical Judgement
  - Patient Cues for Advance Care Planning Discussions

2.4 The MRCPI Examination

In order to qualify for a BST certificate of completion in General Internal Medicine, the Trainee will be required to pass the MRCPI examination. The Trainee is required to complete the MRCPI within the two years of the BST programme, and there is ample opportunity to complete the MRCPI within 2 years of training as outlined below.

Each Trainee should attempt Part I and Part II in Year 1

- August, December, April
  - Opportunities - SHO can attempt Membership Part I (x3)
- June, October, March
  - Opportunities - Successful SHO can attempt Membership Part II (x2)
- January, May, September
  - Opportunities - Successful SHO can attempt Part II Clinical (x2)

Each Trainee should attempt Part II Clinical in Year 2

- October, June, March
  - Opportunities - SHO can attempt Membership Part II (x2)
- September, May, January
  - Opportunities - Successful SHO in October can attempt Part II Clinical (x2)

Please visit the **RCPI website for details on MRCPI examination dates*

However, if the Trainee has not passed all parts of the MRCPI examination by the end of two years on the BST programme, they will have a further two years in which to pass all remaining parts of the MRCPI examination. On successfully passing the final MRCPI examination within this two-year extension period, the Trainee will be awarded the BST certificate of completion. A summary of attendance will be visible at the end of post assessment.

2.5 Collaborative Activities

Use the collaborative activities form to record attendance at workplace learning opportunities including Grand Rounds, Journal Clubs and Multidisciplinary team meetings. At end of post the Trainer will indicate if attendance and participation was satisfactory throughout the time in post. BST Trainees are encouraged to engage with research, audit and teaching opportunities available and should record any experience gained.

- Grand Rounds
  - Expected Frequency: Monthly
- MDT Meetings
  - Expected Frequency: Monthly
- Journal Clubs and Specialty Meeting
  - Expected Frequency: Weekly

Discuss opportunities with the Trainer and record experience of:

- Research
- Audit and QI
- Teaching
- Presentations
- National/international meetings

2.6 Training Post Assessments

- Personal Goals Form
  The Trainer and Trainee will meet and discuss expectations of the Trainee and opportunities available in the current post. A completed form is required for each post.
- End of Post Assessment
  The Trainee and Trainer will meet and review progress for the training post. A completed form is required for each post.
- End of Year Evaluation
  The Trainee will attend an end of year evaluation and is expected to have all training records up to date and appropriately completed.

2.7 Progress Evaluations

- Complete the personal goals form for each post
- Review progress and complete the end of post assessment
- Formally record the outcome of annual evaluations

3 Core Professional Skills

This section includes the Irish Medical Council guidelines for medical professional conduct.

The Medical Council has defined eight domains of good professional practice.

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.

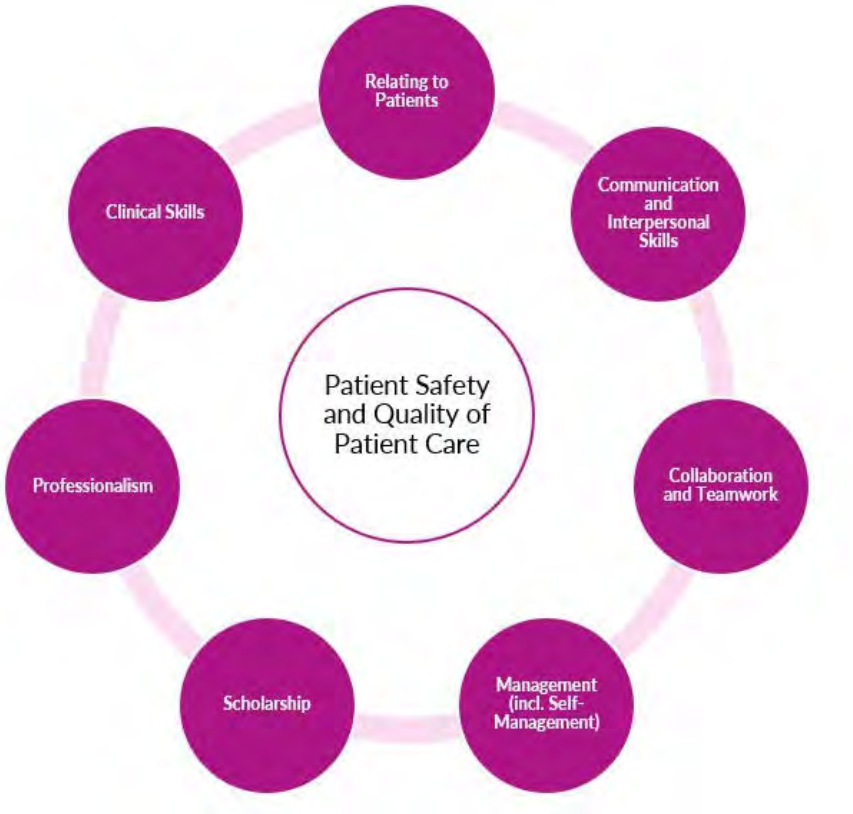
These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.

CORE PROFESSIONAL SKILLS

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the Eight Domains of Good Professional Practice (Irish Medical Council, 2024), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that Trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.



1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

4

Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

5

Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

6

Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

PROFESSIONALISM:

Relationships with colleagues and patients are based on mutual respect, confidentiality, honesty, responsibility and accountability.

- Showing integrity, compassion and concern for others in day-to-day practice
- Developing and maintaining a sensitive and understanding attitude with patients
- Excercising good judgement and communicating sound clinical advice to patients
- Searching for the best evidence to guide professional practice
- A commitment to continuous improvement and excellence in the provision of health care, whether working alone or as part of a team

Additional detail on professional conduct and expectations in the workplace can be found on the Medical Council Website

4 Specialty Section

This section includes the General Internal Medicine specific Training Goals that Trainees should achieve by the end of the BST.

Each Training Goal is broken down into specific and measurable training outcomes.

4.1 History Taking

By the end of BST, the Trainee will demonstrate an ability to take and present:

1. a focused and accurate history
2. a social history
3. an occupational history
4. an allergy history
5. a medication history including OTC, previous adverse effects including idiosyncratic reactions
6. a collateral history for the older patient

Focus of Feedback

Communication skills, accuracy and appropriateness:

- fluently take a history establishing events and the chronology
- establish correct facts
- actively listen to the patient
- engage with the patient empathetically and identify concerns
- systematically present patients medical history
- apply the information gathered for effect next steps and establish effective systems review

For an allergy history

- The Trainee can differentiate possible allergy from chronic urticarial and angioedema

For an occupational history

- The Trainee can identify occupational hazards to health
- Assess the medical aspects of fitness to work
- Issue sick certs

4.2 Physical Examination

By the end of BST, the Trainee will demonstrate an ability to:

1. Conduct a comprehensive systematic examination including physical examination
2. Perform a cardiovascular examination
3. Perform a respiratory examination
4. Perform an abdominal examination
5. Perform a neurological examination
6. Assess of frailty and cognition
    a. Determine a barthel score
    b. Assign a frailty score
    c. Determine a cognitive score
    d. Complete a delirium assessment
7. Identify physical signs and symptoms of common general medicine presentations

Focus of Feedback

Communication skills, technique, management of the patient relationship and clinical knowledge:

- If the examination was accurate, appropriate, practiced and professional
- That the Trainee demonstrated good technique
- The examination included all important elements
- The Trainee identified all important physical signs and symptoms and was able to present the information gathered
- The Trainee managed the patients concerns about specific signs and was appropriately concerned for the patients comfort
- The Trainee demonstrated an awareness of infection control protocols and policies

4.3 Differential Diagnosis and next steps

By the end of BST, the Trainee will demonstrate an ability to:

1. Form a differential diagnosis through clinical reasoning
2. Produce a programme of investigations and discuss the indications for each
3. Interpret commonly used investigations
4. Discuss next steps for confirmation of common general medicine diagnoses
5. Manage patient consultations
6. Make appropriate referrals and management plans
7. Perform Lumbar Puncture
8. Show an understanding of, and demonstrate ability to assess and manage common conditions under supervision relevant to the assigned team for the training rotation. The Trainee should be able to perform, interpret and/or observe procedures related to investigation and management.

Expected Experience

Trainees will gain clinical experience as they rotate through eight approved specialty posts and it is expected that they will apply the outcomes 1, 2, 3 and 5 for differential diagnosis to each specialty. Case examples will be recorded for outcomes 4 and 8 during at least five of the eight rotations. All Trainees must record Cardiology cases. Trainees are required to complete rotations in three of the five core specialties (marked with *) and it is assumed that most Trainees will rotate through five of the following specialty areas:

1. Cardiology and the Cardiovascular System*
2. Respiratory Medicine*
3. Medicine for the Elderly*
4. Endocrinology and Diabetes*
5. Gastroenterology and Hepatology*
6. Nephrology
7. Haematology
8. Infectious Diseases
9. Neurology
10. Rheumatology

Trainees who do not complete a cardiology rotation must seek opportunities to record and discuss the following cases:

- Myocardial Infarction
- Unstable Angina
- Atrial Fibrillation
- Heart Failure /Cardiomyopathy
- Syncope
- Hypertension
- Aortic Stenosis
- Endocarditis

By the end of Basic Specialist Training, the Trainee is also expected to proficiently and independently perform lumbar puncture and interpret electrocardiograms.

Focus of Feedback

Clinical Knowledge and the application of clinical skills:

- The Trainee can present a sensible and comprehensive differential diagnosis.
- The Trainee is able to recognise common general medicine diagnosis and articulate the clinical reasoning for inclusion as a differential.
- They will be able to produce a programme of investigations and discuss the indication for each.
- They are also expected to be able to interpret commonly used investigations and discuss next steps for the patient.
- The Trainee will be able to discuss a management plan that demonstrates good clinical judgement and reflective problem solving.
- They will be able to manage the patient's expectation and work with them to discuss the goals for treatment.

Feedback discussion will take place for:

- Cardiac conditions:
  - *Coronary artery disease*
  - *Cardiac arrhythmias*
  - *Cardiac failure*
  - *Hypertension*
  - *Myocardial Infarction*
  - *Unstable Angina*
  - *Syncope*
  - *Aortic Stenosis*
  - *Atrial Fibrillation*

- Respiratory conditions
- Rheumatology conditions
- Skin conditions
  - *Identify cutaneous manifestations of systemic disorders*
  - *Recognise dermatological manifestations of allergy (urticarial and non-urticarial)*
- Neurological conditions
- Haematological disorders
- Kidney disease and common renal disorders
- Disorders of the gastrointestinal tract
- Diagnose and treat diabetes and common endocrine disorders
- Manage atypical presentation of common conditions in the frail older patient
- Manage multiple co-morbidities in older patients and/or complex comorbidities
- Manage incontinence and urinary symptoms
- Perform and interpret electrocardiographs (resting and exercise)
- Diagnose and take initial steps in the management of:
  - *Acute and chronic liver disease and liver failure*
  - *Common viral infection syndromes*
  - *Healthcare associated infections, including prevention*
  - *Dementia and cognitive dysfunction*
  - *Arthropathies and other common rheumatologically syndromes*
  - *Osteoporosis*
  - *Pressure ulcers*
- Understand and manage pain
- Understand psychiatric illness, including its relationship to physical illness
- Be aware of
  - *indications, complications and side effects of various aspects of oncological management*
  - *palliative care in various situations in both hospital at primary care, at home and in MDT*
  - *A multidisciplinary approach to ICU care including common interventions for circulatory and airway management including the ethical use of technology and interventions*
  - *Rehabilitation referral pathways*

Focus of Feedback

The Trainee will have opportunities to demonstrate their case experience in the workplace at MDT and other team meetings, case presentations and in discussions with their senior colleagues. Informal and structured Case Based Discussion, chart reviews and MiniCEX assessments will take place for diagnostic experience. During these assessments the feedback questions will cover the selected outcomes and the Trainees ability to

- Clearly summarise the case and define the problem
- Work as part of a team
- Prioritise patient safety and ethical practice
  Establishes trust and act in partnership e.g. recognising the patient's rights and engaging in open disclosure etc. Demonstrate an awareness of safe prescribing guidelines. Demonstrate an awareness of, and act in accordance with, relevant protocols.
- Effectively communicate information to patients, clinical staff and others involved
  Informs, explains, and advises using appropriate language and facilitates open communication.
- Ask appropriate questions and gathers relevant information
- Is focused and accurate, demonstrates "active" listening facilitating relevance, responds to non-verbal clues.
- Demonstrate good clinical judgement
  Correctly identifies/lists problems, prioritises actions in realistic and timely schedule. Completes all necessary actions including appropriate referral.
- Demonstrate insight into their own strengths and weaknesses in diagnosis and management
  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. Identifies future learning points

4.4 Acute Medicine Experience

By the end of BST, the Trainee will demonstrate an ability to:

1. Assess common acute presentations
2. Recognise, or assist in the recognition of, and assess emergencies
3. Recognise and manage pre-existing comorbidities
4. Ask for senior help appropriately
5. Participate in decision making in consultation with senior colleagues including prioritising tasks, interventions and appropriate investigations
6. Refer to relevant national and local guidelines and care pathways

Expected Experience

Participating in acute unselected medical 'on-call', including on-call overnight, is a BST curriculum requirement .The Trainee will participate in the on-call rota for all posts where this is required. Specialty call be required for some approved training posts although it is expected that the Trainee will see general medicine patients on call for the majority of the time during the two-year training programme. In total a minimum of 18 months on call, to include a minimum of 12 months unselected G(I)M/cardiology, must be completed to meet training requirements. A 3-month post in the emergency department may be counted towards this 18 months.

During the two-year programme, it is expected that a Trainee will encounter common presentations including, among others,

- Shortness of breath
- Cough
- Chest pain
- Palpitations
- Blackout/ collapse/ dizziness
- Fever
- Abdominal pain
- Hepatitis or jaundice
- Gastrointestinal bleeding
- Nausea and vomiting
- Diarrhoea
- Haemoptysis
- Rash
- Hyper and hypoglycaemia
- Headache
- Seizure
- Weakness and paralysis
- Limb pain and/or swelling
- Acute back pain
- Falls and decreased mobility
- Acute illness in the frail older patient
- Delirium/acute confusion
- Poisoning and drug overdose
- Acute psychological illness
- Alcohol and substance dependence or withdrawal

It is expected that a BST Trainee will assist in the recognition of emergencies and call for help as appropriate. They will be able to reflect on the challenges and their key learning from these cases. This experience may be recorded for common general medicine emergencies or those encountered on specialty rotations. The Trainee will be able to list red flags for common acute presentations and prioritise tasks in the management including seeking help. It is expected that during the two-year programme, the Trainee will encounter, among others:

- Abdominal emergencies
- Acute coronary syndrome
- Acute arrhythmia management
- Respiratory emergencies/ Non-invasive ventilation
- Acute rheumatological conditions
- Acute neoplastic syndromes and acute oncological emergencies
- Chest pain
- Collapse
- Acute, fluid, electrolyte and acid/ base abnormalities
- Dermatological emergencies
- Diabetic and endocrine emergencies
- DVT
- Infections of the CNS, joint and bone and organ systems
- Neurological emergencies
- Poisoning and self-harm
- Sepsis and septic shock
- Stroke/ TIA
- The unconscious patient
- Unstable hypotensive patient

Focus of Feedback

Clinical Judgment, reflective practice and future learning:

- Decision making and clinical judgement
- Trainee's recognition of their strengths and weaknesses and how to apply this to future learning
- If the Trainee reviewed the outcome for the patient

Trainee's knowledge of:

- Cardiac emergencies
- How to manage shortness of breath in pulmonary disorders including COPD, asthma, pulmonary fibrosis, pulmonary embolism and acute pneumonthorax
- The sepsis pathway and sepsis management
- The initial mangement of stroke
- Disorders of the bilary tract
- Liver cirrhosis and it's complications
- The most likely causes for the presenting complaint

4.5 Safe Prescribing

By the end of BST, the Trainee will demonstrate an ability to:

1. Write a prescription clearly, legally and unambiguously
2. Safely prescribe for:
    a. Common acute presentations
    b. Emergencies
    c. Chronic and common general medicine presentations
    d. Older people with age related complexity
    e. Patients with liver and renal disease
    f. Medical diagnoses in pregnancy
3. Safely and ethically prescribe substances of restricted use e.g. benzodiazepines etc.
4. Discuss medication choices in partnership with the patient
5. Manage the patient expectations and goals of treatment