



**INSTITUTE  
OF MEDICINE**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN

# GENERAL INTERNAL MEDICINE



The first curriculum of Basic Specialist Training in GIM was developed in 2010. The 2019/2021 curriculum is a pilot outcome based programme developed through systematic review and lead by Dr Jaynat Sharma. The curriculum was reviewed by multiple stakeholders including by Prof John McDermott, Associate Dean, and Dr Ann O’Shaughnessy Head of Education. The curriculum is approved by the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
3.1	01/07/2022	Aisling Smith	Clarification to on-call requirements

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# Introduction

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 to 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.

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

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

## **Basic Specialist Training: Requirements and Policies**

### **Overview of Basic Specialist Training in General Internal Medicine**

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.

### **Entry Requirements**

To be eligible for entry to Basic Specialist Training,

- You must have completed your internship by July of the entry year
- You must be eligible for inclusion on the [Trainee Specialist Division](#) of the Medical Council's register at the time you apply.
- You must have proof of competency in the English language in line with HSE Specifications.

## Training Environment

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 & 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 6 months spent outside of the metropolitan area
  - b. A minimum of 6 months in a level 4 hospital
  - c. A minimum of 6 months in a level 3 or level 2 hospital
4. Each trainee must spend a minimum of 18 months on call, as per local hospital on call rota arrangements, to include a minimum of 12 months unselected G(I)M/cardiology. 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 6 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:

- If a trainee takes special leave in excess of 6 weeks over two years, and is required to complete a further period of training
- If a trainee has not reached the required standard and is required to undertake additional training.
- If a trainee has not fulfilled the curriculum requirements for BST certification and is required to undertake additional training or attend outstanding mandatory courses

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.

## **The MRCPI Examination**

In order to qualify for a BST certificate of completion in General Internal Medicine you will be required to pass the MRCPI examination. You are 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**

- **September, January, April**  
Opportunities - SHO can attempt Membership Part I (x3)
- **March, July**  
Opportunities - Successful SHO can attempt Membership Part II (x2)
- **February, June**  
Opportunities - Successful SHO can attempt Part II Clinical (x2)

### **Each trainee should attempt Part II Clinical in Year 2**

- **October, March**  
Opportunities - SHO can attempt Membership Part II (x2)
- **February, June**  
Opportunities - Successful SHO in October can attempt Part II Clinical (x2)  
*\*Please visit the RCPI website [www.rcpi.ie](http://www.rcpi.ie) for details on MRCPI examination dates*

However, if you have not passed the MRCPI examination by the end of your two years on the BST programme, you 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, you will then be awarded the BST certificate of completion.

## **Workplace Based Assessments and Annual Evaluation**

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments must be recorded in the ePortfolio.

Trainees are also required to attend an annual evaluation in their hospital, at which their BST ePortfolio is reviewed. The logbook must be fully up to date for this evaluation. Failure to produce an updated logbook may result in referral to the Associate Director of Basic Specialist Training.

Trainees are also given the opportunity to provide feedback on their rotation.

### **Provisional approval**

Trainees who are in their second year of BST and who wish to apply to Higher Specialist Training are required to submit provisional approval of BST, which confirms that the trainee will complete BST before the start date for SpR posts. Trainees in this position are advised to apply for provisional approval well in advance of the closing date for Higher Specialist Training applications, due to the large volume of applications received every year.

Applicants should note that provisional approval alone does not count as a Certificate of Completion. A letter of provisional approval will only stand for a period of six months after a trainees' completion date.

## Overview of Curriculum Content

This curriculum outlines the educational content and expected achievements of the two-year Basic Specialist Training (BST) Programme. Key training policies, training goals, standards of professionalism and specific outcomes are detailed.

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments must be recorded in the BST online ePortfolio. Trainees are also required to attend an annual review in RCPI, at which their ePortfolio is reviewed and they are given the opportunity to provide feedback on their rotation. The ePortfolio should be kept up to date throughout the year.



The curriculum for BST outlines the core knowledge, skills and achievements that are required by the end of the BST Programme to achieve a BST certificate. There will be many opportunities within the programme for trainees to acquire additional knowledge and skills over and above the core content and trainees are encouraged to actively seek additional opportunities to learn.



## Training Goals

Throughout the training programme the trainee is working towards continual progression in training goals. Clinical and professional experience is recorded under these 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 trainees progress meets expectation for that point in training.

Experience will be gained in 8 different specialty rotations, on acute unselected take and through dedicated teaching activities. 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.

- Partnership
  - Communication and interpersonal skills
  - Collaboration
  - Health Promotion
  - Caring for the patient
- Practice
  - Patient safety and ethical practice
  - Organisational behaviour and leadership
  - Wellbeing
- Performance
  - Continuing competence and lifelong learning
  - Reflective practice and self-awareness
  - Quality assurance and improvement
- History Taking
- Physical Examination
- Differential diagnosis and next steps
- Safe Prescribing
- Acute medicine experience

## **Outcomes**

Specific outcomes are defined under each goal. By the end of BST a trainee should demonstrate an ability to meet that outcome. Evidence of experiences, expected case mix and details of knowledge required are outlined.

### **Aspects of assessments**

A record of experience is kept for each outcome. The key purpose of workplace assessments is to provide opportunities to discuss feedback on performance and understand the next steps for learning. It is expected that trainees will seek feedback on all skills from multiple sources and in a number of rotations. Trainees are encouraged to record examples of experience from the workplace so these can easily be recalled for discussed and to provide the training board with an overview of the experience gained in each post.

A quick reference guide for general medicine skills outcomes is provided on page 20. A detailed description of each outcome, the expected record of experience and key feedback points to focus follows.

### Frequency

Per Training Post: This requirement is completed at each post and assessed each quarter. Outcomes that require continuous progress and where experience is required in multiple clinical settings are recorded per post. At end of post assessment, the trainer will evaluate if progress has been made on this outcome based on the examples submitted

Training Programme: This requirement is completed at the appropriate time in the training programme, it may be repeated if a subsequent learning opportunity becomes available

Goal Based: Discuss what your trainer the opportunities and expectations for this outcome in this post

On successful assessment(s): This outcome should be assessed to facilitate feedback until senior supervisors are happy that the expected standard has been reached

### Record of Experience

Recorded Feedback: The trainee will record an instance of where they received feedback on demonstrating this outcome in the workplace and who gave them feedback

Clinical Experience: The trainee will record an example of a case where they have demonstrated this outcome

Trainer Selected: The trainee will record an assessment as selected by t the trainer, this may be an occasion where the trainee has presented the case at MDT or other workplace meeting, a structured case based discussion, an observed patient interaction (Mini CEX) or a chart stimulated review (CSR). At the start of the training post the trainee and trainer should discuss the trainees previous experience and the trainers expectations of assessment.

Observed Assessment: The trainee is observed by a senior SpR or trainer and receives structured feedback on performance. The trainer must approve the assessors record.

### Completion of Outcome

Workplace Sign off: The outcome is achieved when the workplace based assessment is approved by the trainer, the trainer can approve an assessment that has been completed by another team member where specified

Complete Criteria: Criteria for this outcome are specific, consult the curriculum details

End of Post Progression: The trainer will approve these records towards progression at end of post

On Completion of Programme: This outcome will be marked complete after all 8 rotations are complete and the membership examination attained

### Outcomes that are recorded formatively

Skills that are expected to develop over time. During an assessment a trainee is evaluated against the expected standard for their level of experience. An observed skill may be recorded as a formative assessment once specific feedback has been given and areas for improvement identified. Once an outcome has been successfully attained a trainee is not required to record formative assessments unless the trainer identifies a need to repeat the assessment or a significant amount of time has lapsed since the trainee successfully completed the outcome.

### Sign off

When an assessment of an outcome is successfully signed off it is eligible to count towards progress against training goals. The assigned trainer will determine if the submitted records of experience are acceptable. The trainer may wish to discuss the records in more detail with the trainee and the trainee should be prepared to discuss any self-assessments submitted or observations. Sign off for training goals is cumulative and dependent of feedback from a number of sources throughout the duration of training.

## **Core Professional Skills**

### **Goals, Outcomes and Assessment Details**

## Partnership

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“Good care depends on doctors working together with patients and colleagues towards shared aims and with mutual respect. Partnership relies on trust . . . , patient-centred care . . . , working together . . . , good communication . . . and advocacy . . . .”

Chapter 2, P10

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

The training goals for partnership are:

- **Communication and interpersonal skills**
- **Collaboration**
- **Health Promotion**
- **Caring for the patient**

**Assessments:** Recorded with a clinical case example and feedback discussed during observed assessments and at end of post. A case based discussion is recorded where the trainer has seen example of discharge notes, reports *etc.* Handover is observed in the workplace and a trainer will record feedback. An example of engagement in the open disclosure or incident reporting process is recorded. All other outcomes are informally observed. Communication skills are assessed during the MRCPI examination.

### Communication and interpersonal skills

Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, have a respectful and honest approach.

- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns and opinions of others
- Maintain good working relationships with colleagues

### Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Gather and present an accurate and focussed history from the patient and other sources as appropriate
2. Effectively communicate information to clinical staff
3. Effectively communicate information to patients and families
4. Engage in open disclosure
5. Provide an appropriate patient handover in line with local and national handover
6. Discuss the training and workplace policies for complaints and bullying policy

## Collaboration

Collaborate with patients, their families and your colleagues to work in the best interest of the patient, for improved services and to create a positive working environment.

- Work cooperatively with colleagues and team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Freely share knowledge and information
- Take on-board available, relevant feedback

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Work as part of a team
2. Cooperatively solve problems with colleagues and patients
3. Maintain clear clinical records
4. Perform procedures within the WHO safe surgery guidelines

## Health Promotion

Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence based medicine.

- Seek up to date evidence on lifestyle factors that:
  - negatively impact health outcomes
  - increase risk of illness
  - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

## Caring for patients

Take into consideration patient's individuality, personal preferences, goals and the need to provide compassionate and dignified care.

- Be familiar with
  - Ethical guidelines
  - Local and national clinical care guidelines
- Act in the patients best interest
- Engage in shared decision making and discuss consent

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Discuss the pathophysiological basis of the investigation
2. Choose appropriate investigations
3. Take an informed consent
4. Write problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
5. Deal with end of life issues and symptom control

## Practice

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“...behaviour and values that support good care. [Practice] relies on putting the interests and well-being of patients first. The main elements of good practice are: caring when treating patients . . . , confidentiality . . . , promoting patient safety . . . , integrity . . . , self-care . . . , practice management . . . , use of resources . . . , and conflicts of interest . . . .”

Chapter 2, P11

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

The training goals for practice are:

- Patient safety and ethical practice
- Organisational behaviour and leadership
- Wellbeing

**Assessments:** Recorded with a clinical case example and feedback discussed during observed assessments and at end of post. Trainees are encouraged to take a proactive approach to wellbeing. Trainees are required to complete some self-assessments for these goals.

### Patient safety and ethical practice

Put the interest of the patient first in decisions and actions.

- React in a timely manner to issues identified that may negatively impact the patients outcome
- Follow safe working practices that impact patients safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting

### Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Practice aseptic techniques and hand hygiene
2. Encourage others to observe infection control principles
3. Actively participate in and understand incident reporting

### Organisational behaviour and leadership

The activities, personnel and resources that impact the functioning of the team, hospital and health care system.

- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management



## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Plan schedule and arrive on time
2. Respond to colleagues in a timely manner
3. Manage time appropriately in the clinical setting
4. Set appropriate personal goals
5. Communicate leave and off duty appropriately with all members of team

## Wellbeing

Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes.

- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain your own physical and mental well-being

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Recognise potential stressors
2. Effectively deploy stress reduction strategies and wellness improvement
3. Effectively manage your physical and mental health e.g. have own GP
4. Direct patients and colleagues to appropriate mental health support
5. Recognise undermining and unsupportive behaviour and take the appropriate course of action

## Performance

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“...describes the behaviours and processes that provide the foundation for good care. [Performance] requires . . . competence . . . , reflective practice . . . , acting as a role model . . . , teaching and training medical students and doctors new to practice . . . .”

Chapter 2, P12

[https://issuu.com/mcir/ docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcir/ docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

The training goals for performance are:

- Continuing competence and lifelong learning
- Reflective practice and self-awareness
- Quality assurance and improvement

**Assessments:** Performance goals are assessed through the completion of clinical experience and the record of concurrent training activities.

### Continuing competence and lifelong learning

Continually seek to learn, to improve clinical skills and to understand established and emerging theories in the practice of medicine.

- Meet career requirements including those of the medical council, your employer and your training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

### Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Teach junior healthcare professionals
2. Engage in peer to peer teaching
3. Deliver a presentation
4. Seek opportunities to learn
5. Engage in self-directed learning
6. Maintain a record of professional achievements

### Reflective practice and self-awareness

Bring awareness to your actions and decisions and engage in critical appraisal of own work to drive lifelong learning and improve practice.

- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of your own level of practice and learning needs
- Evaluate and appraise your decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Identify gaps in their knowledge
2. Work within their own ability and call for help when appropriate

## Quality assurance and improvement

Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams.

- Gain knowledge of quality improvement methodology
- Follow best practice in patient safety
- Conduct ethical and reproducible research

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Engage with audit and quality improvement projects
2. Critically evaluate a research paper
3. Contribute research evidence to a group discussion
4. Understand the core concepts of data protection

# **General Internal Medicine Skills**

## **Goals, Outcomes and Assessment Details**

## Outcome Overview

	Per Training Post	Training Programme	Goal Based	On successful assessment(s)	Recorded Feedback	Clinical Experience	Trainer Selected	Observed Assessment	Workplace Sign Off	Complete Criteria	End of Post Progression	On Completion of Programme
	Frequency	Record of experience	Completion of Outcome									
<b>General Medicine Skills</b>												
<b>History Taking</b> ePortfolio: Patient History Details: Page 23												
Take and present a focused and accurate history	✓			✓								✓
a social history		✓		✓							✓	
an occupational history		✓		✓							✓	
an allergy history		✓		✓							✓	
a medication history including OTC, previous adverse effects including idiosyncratic reactions		✓		✓							✓	
a collateral history for the older patient		✓		✓							✓	
<b>Physical examination</b> ePortfolio: Physical Examination Details: Page 25												
Conduct a comprehensive systematic examination including physical examination	✓			✓								✓
Perform a cardiovascular examination			✓	✓	✓			✓	✓			
Perform a respiratory examination			✓	✓	✓			✓	✓			
Perform an abdominal examination			✓	✓	✓			✓	✓			
Perform a neurological examination			✓	✓	✓			✓	✓			
Assess of frailty and cognition including:			✓	✓	✓			✓			✓	
Determine a Barthel Score		✓		✓				✓				
Assign a Frailty Score		✓		✓				✓				
Determine a cognitive score		✓		✓				✓				
Complete a delirium assessment		✓		✓				✓				
Identify physical signs and symptoms of common general medicine presentations	✓			✓				✓				✓

	Per Training Post	Training Programme	Goal Based	On successful assessment(s)	Recorded Feedback	Clinical Experience	Trainer Selected	Observed Assessment	Workplace Sign off	Complete Criteria	End of Post Progression	On Completion of Programme
	Frequency	Record of experience					Completion of Outcome					
<b>General Medicine Skills</b>												
<b>Differential Diagnosis and next steps</b> <span style="float: right;">ePortfolio: Case Experience: Diagnosis Details: Page 27</span>												
Form a differential diagnosis through clinical reasoning	✓				✓		✓					✓
Produce a programme of investigations and discuss the indications for each	✓				✓		✓					✓
Interpret commonly used investigations	✓				✓		✓					✓
Discuss next steps for confirmation on common general medicine diagnoses	✓				✓		✓					✓
Manage patient consultations	✓				✓		✓					✓
Make appropriate referrals and management plans	✓				✓		✓					✓
Perform Lumbar Puncture			✓				✓	✓	✓			
Show an understanding of, and demonstrate ability to assess and manage common conditions under supervision relevant to the assigned team for the training rotation. Perform, interpret and/or observe procedures related to investigation and management.			✓			✓			✓			✓
<b>Acute Medicine Experience</b> <span style="float: right;">ePortfolio: Case Experience: Acute Medicine Details: Page 31</span>												
Assess common acute presentations	✓				✓		✓		✓			✓
Recognise, or assist in the recognition of, and assess emergencies	✓				✓		✓		✓			✓
Recognise and manage pre-existing comorbidities			✓		✓		✓					✓
Ask for senior help appropriately			✓		✓		✓					✓
Participate in decision making in consultation with senior colleagues including prioritising tasks, interventions and appropriate investigations			✓		✓		✓					✓
Refer to relevant national and local guidelines and care pathways			✓		✓		✓					✓

	Per Training Post	Training Programme	Goal Based	On successful assessment(s)	Recorded Feedback	Clinical Experience	Trainer Selected	Observed Assessment	Workplace Sign off	Complete Criteria	End of Post Progression	On Completion of Programme
	Frequency	Record of experience	Completion of Outcome									
<b>General Medicine Skills</b>												
<b>Safe prescribing</b>	<b>ePortfolio: Safe Prescribing Details: Page 34</b>											
Write a prescription clearly, legally and unambiguously			✓					✓	✓	✓		
Safely prescribe for common acute presentations			✓					✓	✓	✓		
Safely prescribe for emergencies			✓					✓	✓	✓		
Safely prescribe for chronic and common general medicine presentations			✓					✓	✓	✓		
Safely prescribe for older people with age related complexity			✓					✓	✓			
Safely prescribe for patients with liver and renal disease			✓					✓	✓			
Safely prescribe for medical diagnoses in pregnancy			✓					✓	✓			
Safely and ethically prescribe substances of restricted use <i>e.g.</i> benzodiazepines <i>etc.</i>			✓					✓	✓			
Discuss medication choices in partnership with the patient			✓					✓	✓			
Manage the patient expectations and goals of treatment			✓					✓	✓			

## History Taking

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**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

### **Workplace Based Assessment**

The trainee will seek feedback from a trainer or senior team member following a post take ward round or other clinical setting as part of the normal workday. They will discuss their performance in the workplace and then complete the ePortfolio record. The trainee is asked to include all outcomes that are applicable on the submitted form. Through the course of training it is expected that all outcomes will be the focus of multiple feedback discussions. The trainee will include the name of the senior colleague who provided the feedback. Comments on key learning points may be noted by the trainee.

### **Structured Assessments**

History taking is assessed at the MRCPI Examination

The trainee completes an End of Post Assessment. During this assessment the Trainer is asked if the Trainee has progressed in history taking to a standard consistent with their level of experience, and in line with the opportunities available in this post. This is a question on the end of post form to be completed by the trainer. If the trainer and trainee agree that the trainee is not progressing to the expected level this can be identified as a goal for the next post by the current trainer.

At the End of Year Evaluation, the Panel will review and discuss if all trainers have indicated progression at each post and if any outcomes or feedback points have not been marked as discussed during workplace based assessment.



**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

## Physical Examination

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**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

### **Workplace Based Assessment**

The trainee is required to complete at least one directly observed assessment for each outcome, multiple outcomes can be captured in the one observation. The trainee and trainer should consider this when planning the goals for the rotations and chose the most appropriate aspect of physical examination to be developed at that point in time. These assessments can be completed at any time over the two years however it is recommended that the trainee completes these prior to the taking the Part II Clinical Examination. Where possible the trainer for the post will complete the observed assessment however this can be completed by anyone deemed appropriate to give feedback to the trainee, in this case the trainer must sign that they are happy with these observations before the trainee leaves the post. This skill is formally assessed at membership examination. If a trainee has previously failed the Clinical Examination it is recommended that they repeat the direct observations to improve their skills, this should be discussed with the trainer to agree a plan. The trainee should receive feedback on the development of this skill throughout BST and will complete an informal trainee led workplace based assessment at each post.

### **Structured Assessments**

Performing a thorough and accurate physical examination is assessed at the MRCPI Examination. This is directly observed and findings are presented.

During the End of Post Assessment the trainer and trainee will discuss all assessments submitted in this post and general workplace feedback for this skill. It is recommended that

prior to passing the MRCPI Part II Clinical examination the trainee seeks and records feedback at every post. If the trainer and trainee agree that the trainee is not progressing to the expected level specific outcomes can be identified as a goal for the next post by the current trainer. Once the trainee has attained the MRCPI it is of benefit for the trainee to continue to seek informal feedback. All outcomes for Physical examination must be observed at least once in the workplace.

At the End of Year Evaluation the Panel will review and discuss if all trainers have indicated progression at each post. The Panel will receive a summary of the outcomes that have been directly observed and the outcomes and feedback points that have been marked as discussed.

**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

## Differential Diagnosis and next steps

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

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

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

By the end of basic specialist training the trainee is also expected to proficiently and independently perform lumbar puncture and interpret electrocardiograms.

### **Workplace Based Assessment**

Trainees will receive multisource feedback on these skills throughout their day to day work. Through the management of patients the trainee will demonstrate a number of core professional skills. At the start of each post the trainee and trainer will discuss training opportunities and expected experience. They will agree on five cases that it is expected the trainee will record and be able to discuss by the end of post. This requirement is set locally with the trainer, the trainee must complete five of the listed specialties during the 8 post rotations and is encouraged to record experience at all posts. These cases should be discussed with the trainer, or presented in another workplace setting. Some suggested cases are provided in the curriculum. All core professional skills and clinical skills can be applied to each case.

The trainee will observe two different people performing lumbar puncture and be supervised by two different people performing lumbar puncture at two different time intervals. They will then be assessed with a DOPs by their trainer, or equivalent.

### **Structured Assessments**

Differential diagnosis and Clinical judgment are assessed during all parts of the MRCPi Examination.

During the End of Post Assessment the trainer will confirm that case based discussions or chart stimulated reviews have take place during the post, these can be completed in the assessment if the cases have not previously been presented. The trainer will complete a question on how well the trainee is progressing in these skills.

At the End of Year Evaluation the Panel will review and discuss if all trainers have indicated progression at each post. The Panel will receive a summary experience to date.

## Focus of Feedback

Clinical Knowledge and the application of clinical skills:

The trainee can present a sensible and comprehensive differential diagnosis.

The trainee 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 patients 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*

## Acute Medicine Experience

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**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

It is expected that all trainees will gain experience on acute unselected medical take. 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, as per local hospital on call rota arrangements, to include a minimum of 12 months unselected G(I)M/cardiology must be completed to meet training requirements. A three 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 Hypo-glycaemia
- 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 as 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

### **Workplace Based Assessment**

The trainee will see the common presentation listed, among others, and must record examples of their experience in ePortfolio. This experience includes the recognition of emergencies. All trainees are expected to apply these outcomes to all presentations during their time in training. The trainee will complete a brief self-assessment form in their ePortfolio which can be discussed with the trainer at end of post. Feedback on progress is sought post-take. It is expected that the trainee will record and be able to discuss workplace examples of most presentations. Before the completion of the BST programme the Trainee should ensure they have had opportunities to understand what will be expected of them as a registrar on call and attend additional teaching and training provided on *Acute Take* where they feel necessary.

### **Structured Assessments**

During the End of Post Assessment, the trainer and trainee will discuss the record of the trainees experience during time in post and indicate if the trainee is progressing appropriately on all outcomes. The trainer will indicate how often the trainee completed call, the type of call and the number of patients in the service.

At the End of Year Evaluation the Panel will review and discuss if all trainers have indicated progression at each post and the summary of recorded experience.

**Focus of Feedback**

Clinical Judgment, reflective practice and future learning:

- Decision making and clinical judgement

- The trainees recognition of their strengths and weaknesses and how to apply this to future learning

- If the trainee reviewed the outcome for the patient

The trainees knowledge of:

- Cardiac emergencies

- How to manage shortness of breath in pulmonary disorders including COPD, asthma, pulmonary fibrosis, pulmonary embolism and acute pneumothorax

- The sepsis pathway and sepsis management

- The initial management of stroke

- Disorders of the biliary tract

- Liver cirrhosis and its complications

- The most likely causes for the presenting complaint

## Safe Prescribing

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**By the end of BST the trainee will demonstrate an ability to:**

1. Write a prescription clearly, legally and unambiguously
2. Safely prescribe for:
  - Common acute presentations
  - Emergencies
  - Chronic and common general medicine presentations
  - Older people with age related complexity
  - Patients with liver and renal disease
  - 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

### **Workplace Based Assessment**

The trainee will initiate two prescribing assessments each year. These assessments should be completed with two different senior colleagues, preferably the assigned trainer.

Throughout training the trainee has recorded formal feedback from four different sources.

The safe prescribing form is completed in ePortfolio, this assessment includes discussion questions on ethics and medication compliance. The trainee will also complete the safe prescribing course online and pass all associated assessments. This can be coupled with a case based discussion. If this is an area the trainee has previously struggled or has had limited opportunities for exposure in previous posts with it may be agreed that they record more than one assessment in the current post. This expectation should be clarified with the trainee at the goals meeting (start of post) and a proposed date for the assessment may be discussed.

### **Structured Assessments**

Clinical judgment, including ethical and safe prescribing, is assessed during all parts of the MRCPI Examination.

During the End of Post Assessment the trainer may review submitted prescribing assessments with the trainee if appropriate. Experience and confidence in prescribing will be discussed.

At the End of Year Evaluation the Panel will expect the workplace assessments to be completed and signed and along with the safe prescribing course.

# Concurrent Training Activities

## Clinical Activities

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- Outpatient Clinics

Expected Frequency: Attend weekly

- 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 are recorded on 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.

## Educational Activities

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Use the *Course Attendance* form to record all mandatory courses and attendance at in hospital teaching. All courses must be completed once during BST and the trainee will be issued with a certificate of attendance. Trainees are expected to attend all in-house and local teaching and training made available to them, trainees may miss some sessions due to scheduling, leave etc. 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.

### Mandatory Courses

- BST Leadership in Clinical Practice: Online
- BST Leadership in Clinical Practice: Leadership Skills
- BST Leadership in Clinical Practice Communication Skills
- Ethics, Prescribing Skills & Blood Transfusion for GIM
- Advanced Cardiac Life Support (ACLS)

- Infection Control (Hospital Induction)

### **Additional Resource Courses**

- How to Survive Acute Take
- Online Video Tutorials

Trainees must attain Membership of the Royal College of Physicians in order to satisfactorily complete BST. Trainees will record examination attempts in ePortfolio for each part of the MRCPI examination and discuss progress with their trainer.

### **Collaborative Activities**

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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

### **Training Post Assessments**

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- 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.