



**IRISH COMMITTEE  
ON HIGHER  
MEDICAL TRAINING**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

# INFECTIOUS DISEASES



**This curriculum of training in Infectious Diseases was developed in 2010 and undergoes an annual review by Dr Catherine Fleming, National Specialty Director, Dr Ann O'Shaughnessy, Head of Education, Innovation & Research and by the Infectious Diseases Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.**

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## Introduction

Infectious Diseases is a clinical specialty of internal medicine focusing on the assessment, diagnosis and management of acute and chronic infections.

Besides these specialty specific elements, trainees in Infectious Diseases must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

### Aims

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

**Competencies**, at a level consistent with practice in the specialty of Infectious Diseases, will include the following:

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

### **Professionalism**

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness with the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

**Entry Requirements**

Applicants for Higher Specialist Training (HST) in Infectious Diseases must have a certificate of completion Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

Those who do not hold a BST certificate and MRCPI must provide evidence of equivalency.

Entry on the training programme is at year 1. Deferrals are not allowed on entry to Higher Specialist Training.

## Duration & Organisation of Training

The duration of Higher Specialist Training in Infectious Diseases and General Internal Medicine is five years, one year of which **may** be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the Higher Specialist Training General Internal Medicine curriculum on our website [www.rcpi.ie](http://www.rcpi.ie)

### Essential:

- Microbiology +/- Virology
- Management of Sexually Transmitted Infections
- Management of Complex Nosocomial Infections
- Management of Community-Acquired Infections
- Management of HIV Infection
- Management of the Immunosuppressed Host
- Infection in the returning traveller & International Health
- Hospital Epidemiology (Infection Control and Outbreak Management)
- Committee Memberships

### Desirable:

- Public Health
- Travel Clinic
- TB clinics
- Hepatology Clinics
- Immunology Clinics
- Paediatric ID Experience

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Infectious Diseases under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

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

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

## Flexible Training

### National Flexible Training Scheme – HSE NDTP

The HSE NDTP operates a National Flexible Training Scheme which allows a small number of Trainees to train part time, for a set period of time.

#### Overview

- Have a well-founded reason for applying for the scheme e.g. personal family reasons
- Applications may be made up to 12 months in advance of the proposed date of commencement of flexible training and no later than 4 months in advance of the proposed date of commencement
- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees

### Job Sharing - RCPI

The aim of job sharing is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

#### Overview

- A training post can be shared by two trainees who are training in the same specialty and are within two years on the training pathway
- Two trainees will share one full-time post with each trainee working 50% of the hours
- Ordinarily it will be for the period of 12 months from July to July each year in line with the training year
- Trainees who wish to continue job sharing after this period of time will be required to re-apply
- Trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme

### Post Re-assignment – RCPI

The aim of post re-assignment is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation.

#### Overview:

- Priority will be given to trainees with a significant change in circumstances due to their own disability, it will then be given to trainees with a change in circumstances related to caring or parental responsibilities. Any applications received from trainees with a change involving a committed relationship will be considered afterwards
- If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis

For further details on all of the above flexible training options, please see the Postgraduate Specialist Training page on the College website [www.rcpi.ie](http://www.rcpi.ie)

## Training Programme

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

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

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

## Teaching, Research & Audit

All trainees are required to participate in teaching. They should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work.

A period of supervised research relevant to Infectious Diseases is considered highly desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to a MSc, MD, or PhD, by stepping aside from the programme for a time. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

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

## **ePortfolio**

The trainee is required to keep their ePortfolio up to date and maintained throughout HST. The ePortfolio will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the trainee and must be produced at the annual Evaluation meeting.

The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Department and Dean of Postgraduate Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training.

At the annual Evaluation, the ePortfolio will be examined. The results of any assessments and reports by educational supervisors, together with other material capable of confirming the trainee's achievements, will be reviewed.

## **Assessment Process**

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

The Infectious Diseases Society of America Fellows In-Training Exam is listed as one of the assessment methods in the specialty section of this curriculum. The purpose of this exam is not as a certifying or qualifying examination but to be used as a self- assessment tool designed to gauge knowledge of infectious diseases.

## Annual Evaluation of Progress

### Overview

The HST Annual Evaluation of Progress (AEP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded each year. The evidence to be reviewed by the panel is recorded by the trainee and trainer in the trainee's e-Portfolio.

There is externality in the process with the presence of the National Specialty Director (NSD) and a Chairperson. Trainer's attendance at the Evaluation is mandatory, if it is not possible for the trainer to attend in person, teleconference facilities can be arranged if appropriate. In the event of a penultimate year Evaluation an External Assessor, who is a consultant in the relevant specialty and from outside the Republic of Ireland will be required.

### Purpose of Annual Evaluation

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

### Structure of the Meeting

The AEP panel speaks to the trainee alone in the first instance. The trainee is then asked to leave the room and a discussion with the trainer follows. Once the panel has talked to the trainer, the trainee is called back and given the recommendations of the panel and the outcome of the AEP.

At the end of the Evaluation, all panel members and the Trainee agree to the outcome of the Evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations will be available to the trainee and trainers within their ePortfolio.

### Outcomes

- Trainees whose progress is satisfactory will be awarded their AEP
- Trainees who are being certified as completing training receive their final AEP
- Trainees who need to provide further documentation or other minor issues, will be given 2 weeks (maximum 8) from the date of their AEP to meet the requirements. Their AEP outcome will be withheld until all requirements have been met.
- Trainees who are experiencing difficulties and/or need to meet specific requirements for that year of training will not be awarded their AEP. A date for an interim AEP will be decided and the trainee must have met all the conditions outlined in order to be awarded their AEP for that year of training. The "Chairperson's Overall Assessment Report" will give a detailed outline of the issues which have led to this decision and this will go the Dean of Postgraduate Specialist Training for further consideration.
- Trainees who fail to progress after an interim Evaluation will not be awarded their AEP.

The Dean of Postgraduate Training holds the final decision on AEP outcomes. Any issues must be brought to the Dean and the Annual Chairperson's Meeting for discussion.

## Facilities

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

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

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

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

## **Generic Components**

**This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.**

**As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.**

## Good Professional Practice

**Objective:** Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

**Medical Council Domains of Good Professional Practice:** Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

### KNOWLEDGE

#### Effective Communication

- How to listen to patients and colleagues
- The principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

#### Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

#### Honesty, openness and transparency (mistakes and near misses)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

#### Raising concerns about patient safety

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ethical and legal decision making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

## Infection Control

**Objective:** To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Management (including Self-Management).

### KNOWLEDGE

#### Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

#### During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

### SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
  - Working knowledge of those infections requiring notification
  - Undertaking notification promptly
  - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
  - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
  - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

**ASSESSMENT & LEARNING METHODS**

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

## Self-Care and Maintaining Well-Being

### Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

### KNOWLEDGE

- Self-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

### SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

**ASSESSMENT & LEARNING METHODS**

- On-going supervision
- RCPI Ethics programmes
- Wellness Matters Course (Mandatory)
- RCPI HST Leadership in Clinical Practice course

## Communication in Clinical and Professional Setting

**Objective:** To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

**Medical Council Domains of Good Professional Practice:** Relating to Patients; Communication and Interpersonal Skills.

### KNOWLEDGE

#### Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

#### Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

#### Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

#### Maintaining continuity of care

- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

#### Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

**Responding to complaints**

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

**SKILLS**

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using “active listening” techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other’s culture, opinions, patient’s right to be informed and make choices
- Respecting another’s right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
  - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
  - Educational supervisor’s reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

## Leadership

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

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

### KNOWLEDGE

#### Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

#### Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

#### Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
  - Knowledge of how to prepare a budget
  - Defining value
  - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
  - How to manage staff training, development and education
- Managing performance
  - How to perform staff appraisal and deal effectively with poor staff performance
  - How to rewards and incentivise staff for quality and efficiency

#### Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

**Demonstrating personal qualities**

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

**ASSESSMENT & LEARNING METHODS**

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

## Quality Improvement

**Objective:** To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

### KNOWLEDGE

#### Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

#### Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

#### Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

#### Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

### SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

#### Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

### ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Scholarship

**Objective:** To develop skills in personal/professional development, teaching, educational supervision and research

**Medical Council Domains of Good Professional Practice:** Scholarship

### KNOWLEDGE

#### Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

#### Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

#### Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

### SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

### ASSESSMENT & LEARNING METHODS

- Health Research (online) – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit (online) course –mandatory
- Health Research Methods for Clinicians - recommended

## Management

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

**Medical Council Domains of Good Professional Practice:** Management.

### KNOWLEDGE

#### Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

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

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

#### Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

#### Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

### SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- Performing Audit online course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

## Standards of Care

**Objective:** To be able to consistently and effectively assess and treat patients' problems

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

### KNOWLEDGE

#### Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

#### Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

#### Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

#### Disease prevention and health education

- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

#### Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

#### Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

**Handover**

- Know what are the essential requirements to run an effective handover meeting
  - Sufficient and accurate patients information
  - Adequate time
  - Clear roles and leadership
  - Adequate IT
- Know how to prioritise patient safety
  - Identify most clinically unstable patients
  - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
  - Proper identification of tasks and follow-ups required
  - Contingency plans in place
- Know how to focus the team on actions
  - Tasks are prioritised
  - Plans for further care are put in place
  - Unstable patients are reviewed

**Relevance of professional bodies**

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

**SKILLS**

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
  - Effective listening
  - Ability to articulate and deliver instructions
  - Encourage questions and openness
  - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner

- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

#### **ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

## Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

**Objectives:** To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Clinical Skills.

### KNOWLEDGE

#### Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

#### Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

#### Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

**SKILLS**

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

**ASSESSMENT & LEARNING METHODS**

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

## Therapeutics and Safe Prescribing

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

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care.

### KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

## **Specialty Section**

The Infectious Diseases Society of America Fellows In-Training Exam is listed as one of the assessment methods in the specialty section of this curriculum. The purpose of this exam is not as a certifying or qualifying examination but to be used as a self- assessment tool designed to gauge knowledge of infectious diseases.

## Clinical Competence

**Objective:** To obtain clinical competence in the assessment, investigation, diagnosis and management of community acquired infection at consultant level that is evidence based, including:

- Taking an appropriate history.
- Performing appropriate physical examination
- Performing appropriate investigator and specific skills including lumbar puncture
- Achieving an appropriate specific or differential diagnosis and initiate appropriate treatment.
- Developing clinical and administrative skills to develop ID services.
- Competency in the management of cross-specialty infections for example TB, hepatitis including B and C.

## KNOWLEDGE

### History

- Recognise symptom patterns
- Relevant, succinct and logical histories even when language, physical or mental impairment pose difficulties
- Appropriate use of interpreter
- Consider interaction of psychological and social wellbeing on the physical symptoms to show empathy with the patient
- Ability to compile and condense patient's history from different sources as required

### Physical Examination

- Knowledge of the path of and physiological basis of physical signs
- Explain the procedure to the patient, ensure that patient discomfort is minimised
- Elicit appropriate physical signs
- Skilfully use instruments of examination
- Be aware of patient dignity, confidentiality and ethnic issues
- The relative's rights and responsibilities
- The need for a chaperone

### Investigation and Specific Skills

- Knowledge of the Pathophysiological basis of tests
- Knowledge of its relevance
- Pathological basis of the test
- The cost and economy and safety of the investigation

### Differential Diagnosis

- A broad knowledge of clinical presentation of infectious diseases
- Knowledge of optimum treatment infections
- Knowledge of how to access up to date information
- Ability to assimilate clinical, laboratory and epidemiological information and to use this to differentiate between infections and other conditions
- Consideration of diagnostic issues in relation to fears of patient
- Ability to review and revise the diagnostic matrix

### Clinical acumen in the organisation and development of in-patient and out-patient services

- Awareness of differing models of health care delivery

### Interface with related infection disciplines

- Understand the different components and roles of infection services e.g. public health, microbiology, immunology, epidemiology, travel medicine.
- Awareness of pathophysiology and management of patients with diseases spanning different specialties.

**SKILLS**

- Provide consult service
- History taking
- Give targeted differential diagnosis
- Organise administrative and clinical services
- Initiate and co-ordinate an effective consultation service
- Capacity to work with multidisciplinary team members and colleagues
- Select appropriate tests
- Interpret results
- Perform interventions according to guidelines
- Establish close rapport and understanding with laboratory staff
- Recognise the need of a patient to understand procedures and results of tests
- Interpersonal skills
- Capacity to impart knowledge

**ASSESSMENT & LEARNING METHODS**

- Mini-CEX
- Infectious Diseases Society of America Fellows In-Training Exam
- Attending recognised international ID meetings

## Management of the Immunocompromised Patients

**Objective:** To obtain clinical competence at consultant level in the management of immunocompromised patients including those suffering from HIV/AIDS, transplant patients and those with rheumatological or haematological /oncological disorders. Trainees must have the ability to recognise clinical manifestations in the immunocompromised patient including the ability to evaluate and take appropriate history, perform a physical examination and appropriately investigate an immune compromised patient. In addition, trainees should be able to assess the degree of immune compromise and demonstrate their ability to reach a specific or differential diagnosis and initiate appropriate treatment.

### KNOWLEDGE

- Knowledge of the pathophysiology and clinical symptoms and signs of infection in compromised host and understand their relevance
- Pathological basis of the tests
- The cost and economy and safety of the investigations in the immunocompromised
- Awareness and knowledge of patient support groups
- Biological and iatrogenic aetiology of immunodeficiency

#### Specific HIV Positive Patient cohorts

- Pregnancy and conception, co-infection (HBV, HCV, TB), non-nationals, injection drug users, end stage disease and palliative care
- Spectrum of professional and complementary therapies available
- Palliative medicine, nutrition, pain relief, psychology of dying
- Discernment in balancing a specific and caring approach to the problem

### SKILLS

- Assessment of level of immunodeficiency and infection risk
- Assessment of risk for and diagnose concurrent infection
- Immunodeficiency complications in specific patient cohorts – transplant patients, oncology patients, haematology patients, patients receiving biological modifiers
- Communication skills allowing patients to recognise risk activity and its management
- Recognise clinical and laboratory manifestations of immunodeficiency
- Explain the procedures to the patient, ensure that patient discomfort is minimised
- Elicit appropriate physical signs
- Skilfully use instruments of examination
- Consider interaction of psychological and social well being on the physical symptoms
- Establish close rapport and understanding with laboratory staff
- Delivery of effective pain and psychological management
- Commitment to continuity of care through physical illness to death
- Multidisciplinary team working
- Prepared to work with patient support groups
- Appropriate use and interpretation of investigations e.g. microbiology, radiology
- Knowledge of resources required in investigations
- Understanding of positive and negative predictive values

### ASSESSMENT & LEARNING METHODS

- SpR Clinical Club
- Ethics courses
- Infectious Diseases Society of America Fellows In-Training Exam

## Viral Infections including HIV

**Objective:** Trainees must be competent in the use of specific HIV, HCV and HBV diagnostics and have the ability to institute and manage antiretroviral therapy as relates specifically to HIV, HCV and HBV.

### KNOWLEDGE

- Understand currently used diagnostic techniques
- Use diagnostic techniques appropriately
- Rational use of resources
- Discernment of patient's desires
- Pharmacokinetics and mode of action of available antiretroviral therapy
- Mechanisms of resistance/cross resistance
- Knowledge on how to access further information e.g. current guidelines etc.
- Epidemiology and screening
- Diagnostics
- Clinical manifestations
- Management according to latest guidelines
- Counselling and reporting
- Pregnancy
- Co infections including TB, Hep B, Hep C

### SKILLS

- Interpret resistance profiles - Hep B, Hep C, HIV
- Counselling
- Understand resistance/cross resistance
- Understand evidence based guidelines
- Facilitate patient decision-making based on knowledge and understanding of the issues
- Recommend appropriate drug regimens
- Appropriate use of guidelines
- Monitor and recognise side effects
- Involve the patient in the process
- Unbiased application of knowledge to the clinical situation

### ASSESSMENT & LEARNING METHOD

- Infectious Diseases Society of America Fellows In-Training Exam

## Management of the Hospital Acquired Infection

**Objective:** To acquire the skills necessary at consultant level to recognise and manage Hospital Acquired Infection and institute control systems, including postoperative in surgical patients and intensive care related illness specific to ICU.

## Management of Infection

### Particularly complex nosocomial infections in specific patients group

**Objective:** Trainees must have the ability to use the following skills in the context of hospital acquired infection: clinical history taking; appropriate examination; institute relevant investigations. Reach a satisfactory management plan.

### KNOWLEDGE

- Symptom patterns
- Pathophysiology and origin of physical signs
- Common/typical problems
- Hospital acquired infection
- Confidentiality and consent issues in the unconscious patient

### SKILLS

- Discern the relevant features of a case whether or not the history is available
- Examination skills appropriate to the clinical situation
- Rational use of laboratory facilities
- Differentiate colonization from active infection
- Working sensitivity surrounding hospital acquired infection and appropriately dealing with patients, relatives, colleagues and hospital management

### ASSESSMENT & LEARNING METHOD

- Grand round presentation
- Infectious Diseases Society of America Fellows In-Training Exam

## Antimicrobial Stewardship

**Objective:** To provide the trainee with the knowledge and skills necessary to rationally use antibiotics such that they can provide leadership at an institutional level with the goal of appropriate antibiotic use.

### KNOWLEDGE

- Understanding of differentiation of colonisation and infection
- Understanding of microbiology laboratory data
- Management of resistant infections
- Knowledge of new antimicrobials
- Local/national/international antibiotic resistance patterns
- Local/national/international clinical standards, guidelines and protocols
- Mechanisms of resistance

#### Management of antimicrobial use

- Antimicrobial Prescribing
- Knowledge of antimicrobial agents, their spectrum of activity, mode of action, toxicity and appropriate use

#### Pharmacology and Toxicology

- Knowledge of pharmacology, toxicity and side effects of antimicrobial agents
- Recognition of limitations of individual agents and combination therapies

#### Antibiotic Control Policies

- Understanding of the importance of resource utilisation in relation to antimicrobials
- Knowledge of the relative costs of different agents

#### Understanding of prophylactic, pre-emptive and therapeutic prescribing

- Knowledge of the microbial agents likely to cause infection in different settings and their antimicrobial susceptibilities
- Understanding the principles underlying pre-operative prophylaxis

#### Resistant organisms: understanding the pharmacology of new agents

- Knowledge of infection control principles and policies

### SKILLS

- Differentiation between colonisation and infection
- Understand laboratory data including interpretation of resistance patterns
- Appropriate antibiotic prescribing in simple and complex clinical settings
- Understand economics of antibiotic prescribing
- Interact collaboratively with medical, laboratory and nursing colleagues and understand the patient's concerns relating to the use of more toxic agents
- Teach appropriate antimicrobial prescribing
- Use of the knowledge to apply prophylaxis in the light of local epidemiological and individual clinical issues e.g. allergy
- Understand principles of prophylaxis and communicate same to colleagues and patients
- Multidisciplinary team working

### ASSESSMENT & LEARNING METHODS

- Grand Round presentations
- Audit
- Infectious Diseases Society of America Fellows In-Training Exam

**Infections in ICU Including Sepsis**

**Objective:** Trainees must be able to recognise and manage infection and colonization by multi-resistant organisms in the setting of the ICU. Recognise and manage sepsis, manage infection including MDR infection in ICU and distinguish between colonisation and infection in ICU.

**KNOWLEDGE**

- Common infection problems in the intensive care setting
- Pathophysiology of serious sepsis
- Management of infections with evidence base
- Outcomes of infection in ICU setting

**SKILLS**

- Prompt, relevant and appropriate decision-making based on current evidence
- Understand laboratory data including interpretation of resistance patterns and close liaison with microbiology lab
- Clear communication skills with other carers and relatives
- Caring and consistent attitude to the seriously ill and dying patient
- Responsible and appropriate attitude to the withdrawal of care
- Appropriate Antibiotic use (see also Antimicrobial Stewardship chapter)

**ASSESSMENT & LEARNING METHOD**

- Infectious Diseases Society of America Fellows In-Training Exam

**Infection Control Policies Including Attendance at Courses e.g. SHEA or NHS**

**Objective:** The development of and execution of infection control policies in the hospital setting through the infection control committee.

**KNOWLEDGE**

- Understand the rationale and evidence base of infection control policies
- Local/national/international clinical standards, guidelines and protocols

**SKILLS**

- Access, interpret and communicate advice based on local infection control guidelines
- Team working, assertiveness
- Participation in local infection control committees

**ASSESSMENT & LEARNING METHOD**

- Attendance at international hospital infection and epidemiology course e.g. SHEA.
- Participation in local infection control committee
- Infectious Diseases Society of America Fellows In-Training Exam

## Management of Community Acquired Infections

**Objective:** The trainee should be able to diagnose, investigate and manage community acquired infection based on current evidence.

### KNOWLEDGE

- Epidemiology of community acquired infections
- Knowledge of regional antimicrobial resistance data
- Close liaison with the laboratory and understanding of laboratory data including interpretation of resistance patterns
- Programme development – OPD services, home antibiotic services

### SKILLS

- Evaluate patient and assess risk
- Manage patient based on evidence
- Awareness of need for the involvement of other infection disciplines e.g. community outbreaks
- Triage patients for in-patient vs. out-patient care appropriately
- Identify the need to involve more senior colleagues appropriately
- Interpret Gram Stains
- Interpret Malaria smear
- Develop or expand ID programme

### ASSESSMENT & LEARNING METHOD

- Infectious Diseases Society of America Fellows In-Training Exam

## **Imported Infection and Travel Medicine Health Advice, Risk Assessment and Vaccine Usage (Optional)**

**Objective:** Trainees must have the ability to provide health advice for travellers including vaccine usage, health hazards abroad and risk assessment for individuals, Malaria prophylaxis and advice.

### **KNOWLEDGE**

- General principles of vaccinology and infectious disease
- Geographical patterns of disease
- Knowledge of vaccines including availability, efficacy and safety
- Problems of special groups of travellers, e.g. elderly, immunosuppressed
- Vaccinology in special patient cohorts
- Hazards of different types of travel
- Use and safety of antimalarial prevention measures
- Principles of organising a travel clinic

### **SKILLS**

- Risk assessment for the individual traveller
- Take and record pre-travel medical and travel history
- Formulate and communicate appropriate verbal and written advice for traveller
- Administer immunisations and prescribe antimalarials as necessary
- Multidisciplinary team working
- Understand organisational and medico-legal aspects of travel clinic

### **ASSESSMENT & LEARNING METHOD**

- Infectious Diseases Society of America Fellows In-Training Exam

## Imported Infections and Fevers Including Malaria

**Objective:** Trainees must have the ability to recognise and treat imported infections, to diagnose and manage imported infections.

### KNOWLEDGE

- Clinical and epidemiological features of imported diseases, especially manifestations and differential diagnosis of malaria, typhoid, dengue, rickettsial infections
- Knowledge of strengths and limitations of specialised diagnostic tests
- Knowledge of on line and clinical specialist resources
- Management of imported infections

### SKILLS

- Elicit and record appropriate travel history
- Recognise symptoms and signs of imported disease
- Select and interpret appropriate diagnostic tests
- Synthesise epidemiological, clinical and lab data into differential diagnosis
- Close liaison with the laboratory
- Manage common imported infections
- Recognise the need for interpreter services
- Review and revise the diagnostic considerations appropriately
- Prepare and interpret malaria smear

### ASSESSMENT & LEARNING METHOD

- Study day
- Clinical SpR Club
- Infectious Diseases Society of America Fellows In-Training Exam

## Dealing with High Security Risk Infections

**Objective:** Trainees must have the ability to identify sources of specialist advice for unusual infections.

### KNOWLEDGE

- Knowledge of location and availability of tertiary care and advice lines
- Knowledge of printed and electronic information sources
- Knowledge of High Security Unit Mater
- Knowledge of unusual infections

### SKILLS

- Recognise when tertiary level care/advice is needed and to seek it
- Use printed and electronic information sources
- Awareness of own limitations and needs for specialist advice

### ASSESSMENT & LEARNING METHOD

- Study day: Unusual infections (National Isolation Unit, Mater Hospital)
- Infectious Diseases Society of America Fellows In-Training Exam

## Infection and Immigrants

**Objective:** Trainees should acquire relevant knowledge of infections in immigrants and demonstrate their ability to assess, manage, record and effectively communicate with immigrants with acute and chronic infections

### KNOWLEDGE

- Knowledge of health needs of different immigrant groups
- Epidemiological and clinical features of imported infection in immigrant groups
- Knowledge of the relative's rights and responsibilities
- Knowledge of population shifts
- Awareness of vaccine preventable disease in delayed entrance to the Irish Health Care system

### SKILLS

- Work with interpreters and patient support groups
- Recognise both acute and chronic infections in immigrants
- Consider interactions of psychological and social well-being on the physical symptoms and show empathy with the patient
- Awareness of patient dignity, confidentiality, ethnic issues, need for an interpreter
- Update disease surveillance

### ASSESSMENT & LEARNING METHOD

- Communication
- Ethics
- Infectious Diseases Society of America Fellows In-Training Exam

**Interface with Related Infection Disciplines Particularly Public Health Medicine**

**Objective:** Trainees must have the ability to interact with the community infection team

**KNOWLEDGE**

- Knowledge of risks of community or different imported disease, including rare situations that require urgent public health intervention
- Knowledge of epidemiological systems available for the control of disease and how to access them
- Epidemiological control

**SKILLS**

- Make accurate risk assessment
- Recognise when urgent epidemiological action is required
- Recognise who must be involved in epidemiological control in different settings
- Co-operative working in the multidisciplinary team

**ASSESSMENT & LEARNING METHOD**

- Study day - joint with Public Health
- Optional EPT-ET
- Infectious Diseases Society of America Fellows In-Training Exam

## Laboratory Medicine

**Objective:** To obtain an understanding of the role of the Microbiologist and Virologist and the importance of Microbiological techniques in ID and to understand the process and constraints around the microbiological report. Trainees must be competent to carry out basic microbiological bench work including critical interpretation of laboratory procedures in relation to laboratory diagnosis

### KNOWLEDGE

#### Basic microbiological bench work

- Knowledge of microbiological basis of disease
- Knowledge of the pathological basis of tests and the laboratory factors affecting their interpretation

#### Microbiological reporting

- Knowledge of the pathways of microbiological reporting
- Knowledge of the boundaries of use of microbiological information in the context of clinical information

#### Knowledge of appropriate testing and interpretation of results

- Knowledge of the diagnostic tests available in the routine laboratory with understanding of further tests available at specialised centres
- Knowledge of antibiotic modes of action, side effects and interactions
- Knowledge of other interventions (e.g. abscess drainage) useful in management of infected patients
- Antibiotic grams
- Understanding of positive cytology results
- Knowledge of new developments in molecular diagnostics

### SKILLS

- Perform laboratory tests identifying microorganisms
- Interpret the findings of microbiological investigations and recognise their limitations
- Establish close rapport and understanding with laboratory staff
- Communicate with colleagues and other doctors in different disciplines and enable them to appreciate the relevance of the data
- Interpret laboratory data in the context of clinical information
- Provide appropriate antibiotic and other management advice at the bedside and over the telephone when based in the lab
- Awareness of patient dignity, confidentiality and ethnic issues
- Consideration of interaction of psychological and social well being on the physical symptoms and demonstration of empathy to patients
- Interpret molecular diagnostics appropriately

### ASSESSMENT & LEARNING METHOD

- One month in Microbiology laboratory
- Gram stain identification
- Study day - Link with Microbiology - Plate rounds - gram stains etc
- Infectious Diseases Society of America Fellows In-Training Exam

**Management and Health and Safety Procedures**

**Objective:** In addition to general health and safety procedures, trainees should be aware of the requirement to link with occupational medicine and laboratory management including health and safety procedures.

**KNOWLEDGE**

- Knowledge of the main health and safety procedures in the diagnostic laboratory and in category 3 isolation facilities
- Knowledge of regulations for handling of pathogens
- Knowledge of appropriate infection control policies

**SKILLS**

- Link with occupational health services for assessment and management of needlestick injuries
- Perform laboratory work in a safe manner consistent with local rules and national guidelines
- Understand and be sympathetic to the safety concerns of other laboratory staff

**ASSESSMENT & LEARNING METHODS**

- Infectious Diseases Society of America Fellows In-Training Exam

**Understanding of Prophylactic, Pre-Emptive and Therapeutic Prescribing**

**Objective:** Trainees must demonstrate competence in the use of pre-operative antibiotic prophylaxis.

**KNOWLEDGE**

- Knowledge of the microbial agents likely to cause infection in different settings and their antimicrobial susceptibilities
- Understanding the principles underlying pre-operative prophylaxis

**SKILLS**

- Use of the knowledge to apply prophylaxis in the light of local epidemiological and individual clinical issues e.g. allergy
- Understand the needs and problems of the doctors managing the patient
- Be prepared to explain the issues of prophylaxis to patients
- Multidisciplinary team working

**ASSESSMENT & LEARNING METHODS**

- Antimicrobial stewardship committee membership

## Research Methodology and Epidemiology

**Objective:** Trainees must demonstrate competence in research methodology including basic statistics.

### KNOWLEDGE

#### Research

- Research methods
- Clinical trial design
- Statistical analysis and common statistical errors

#### Epidemiology

- Knowledge and understanding basic concepts/principles of epidemiology such as:
  - Measures of disease occurrence
  - Measures of disease frequency
  - Measures of effect
- Knowledge of different types of epidemiological study (case control, cohort)
- Knowledge of principles of surveillance
- Knowledge of the components of surveillance system from data collection to action
- Knowledge of principle of outbreak investigation – involvement in and understanding of process
- Field methods in epidemiology – undertaking an epidemiological study using appropriate instruments, questionnaires etc.
- Data analysis – ability to analyse data using basic software programmes, and using appropriate statistical tests
- Collaborative research with Departments of Public Health and/or Health Protection Surveillance Centre should be considered
- Appreciates the place of epidemiology in disease prevention and control

#### Mathematical models in infection

- Detailed knowledge of mathematical models
- Handling, interpretation and application of mathematical models
- Curiosity and an inquiring mind

### SKILLS

- To know how to initiate appropriate clinical studies
- Research Ethics
- Experimental design, writing up
- Statistical analysis
- Appropriately assess importance of published work
- Curiosity and spirit of enquiry but healthy cynicism
- Be prepared to change practice in the light of published evidence
- Audit

### ASSESSMENT & LEARNING METHODS

- Ethics
- Research Skills course
- Audit
- Publications
- Presentations at local, national or international meetings

**Additional (Optional) Training**

**Objective:** To have the opportunity for additional (optional) enhanced training in specific areas related to ID including: - clinical virology; clinical pharmacology; public health medicine and epidemiology; GU medicine; vaccinology; overseas practice.

**Subject Matter**

**Clinical Virology**  
**Clinical Pharmacology**  
**Public Health and Epidemiology**  
**GU Medicine**  
**Vaccinology**  
**Overseas Practice**

- As appropriate to the needs of the individual trainee
- Enhancement of skills in the specific area of study

Recognition of “added value” of the additional targeted training

## Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
<b>Personal Goals Review Form</b>	Desirable	1	Training Post	Form 137
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics</b> (please enter number of clinics as per timetable on a weekly basis)				
Hepatitis B	Required	10	Training Programme	Form 144
Hepatitis C	Required	10	Training Programme	Form 144
ID Clinics	Required	40	Training Programme	Form 144
TB Clinics	Required	10	Training Programme	Form 144
STI Clinics	Required	20	Training Programme	Form 144
HIV Clinics	Required	40	Training Programme	Form 144
<b>Ward Rounds/Consultations</b>				
Consultant Led (minimum 1 per week)	Required	40	Year of Training	Form 144
SpR Led (minimum 1 per week)	Required	40	Year of Training	Form 144
Consultations (OPAT – Outpatient Parental Antibiotic Therapy)	Desirable	1	Year of Training	Form 144
<b>Emergencies/Complicated Cases</b> (Diagnosis of nature of problem and its presentation, emergency case for investigation)	Desirable	1	Year of Training	Form 003
<b>Procedures/Practical Skills/Surgical Skills</b>				
Gram Stain interpretation	Required	10	Training Programme	Form 004
Malaria Smear interpretation	Required	5	Training Programme	Form 004
<b>Additional/Special Experience Gained</b>				

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Epidemiology, Public Health (A period of interface is desirable to enable the trainee to become familiar with principles and practicalities of immunization, vaccination, and the investigation and control of notifiable diseases and outbreaks in the community)	Desirable	1	Training Programme	Form 005
Genito-Urinary Medicine (6 months experience in recognised Genito-Urinary Medicine is desirable)	Desirable	1	Training Programme	Form 005
Paediatric Infectious Diseases	Desirable	1	Training Programme	Form 005
Other: (Tropical Medicine, Paediatrics etc. Arrangements should be made to attend if possible, Hepatology and Pulmonary/TB clinics (for 6 months))	Desirable	1	Training Programme	Form 005
<b>Laboratory Experience</b> (Medical Microbiology - period of 2 months is essential, and up to 6 months at an appropriate level can be recognized)  During this period the trainee should develop expertise in providing advice on the appropriate use of the laboratory and on antimicrobial chemotherapy to clinicians)				
Microbiology (minimum required 1 month in microbiology, 1 month virology or similar (such as Hepatitis C clinic))	Required	1	Training Programme	Form 018
Molecular Diagnostics (1 month in Virology or Molecular Diagnostics) or similar clinical experience	Desirable	1	Training Programme	Form 018
<b>ICU/CCU Cases</b>				
Intensive Care (Experience of Management of patients in an ITU is essential. A period spent in this environment should provide experience in the prevention and treatment of nosocomial infection, and include participation in ward rounds.)	Required	1	Training Programme	Form 090
<b>Management Experience</b>	Required	1	Training Programme	Form 110
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				
ACLS	Required	1	Training Programme	Form 006
Ethics Foundation	Required	1	Training Programme	Form 006
Ethics for General Medicine	Required	1	Training Programme	Form 006
Health Research – An Introduction	Required	1	Training Programme	Form 006
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	Form 006
Performing Audit (Year 1)	Required	1	Training Programme	Form 006
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Wellness Matters	Required	1	Training Programme	Form 006
<b>Non – Mandatory Courses</b>	Desirable	1	Training Programme	Form 007
<b>Examinations</b> (can be logged against an ID study day)				

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Infectious Diseases Society of America Fellows In-Training Exam	Required	2	Training Programme	Form 012
<b>Study Days</b>	Required	6	Year of Training	Form 008
During High Intensity ID – trainees must attend 6 ID study days only. During High Intensity GIM – trainees should follow the GIM curriculum and complete 6 GIM study days. During Low Intensity GIM/ID – trainees should attend 3 GIM study days and 3 ID GIM (this will comply with GIM curriculum requirement). Each study day can only be counted once. Infectious Diseases Society of America Fellows In-Training Exam – counted as one study day.				
<b>National/International Meetings (minimum attend 1 per year)</b> during High Intensity ID year, this can be recorded as ID study day.	Required	1	Year of Training	Form 010
<b>Participation at in-House Activities</b> minimum of 1 per month from the categories below:				
Grand Rounds (minimum 1 per month)	Required	10	Year of Training	Form 011
Journal Clubs	Required	20	Year of Training	Form 011
MDT meetings	Required	20	Year of Training	Form 011
Radiology Conferences	Desirable	20	Year of Training	Form 011
Lecture	Required	20	Year of Training	Form 011
Seminar	Required	20	Year of Training	Form 011
<b>Delivery of Teaching</b>	Required	10	Year of Training	Form 013
<b>Research</b>	Desirable	1	Training Programme	Form 014
<b>Audit Activities and Reporting</b> (1 per year either to start or complete, Quality Improvement (QI) project can be uploaded against audit)	Required	1	Year of Training	Form 135
<b>Publications</b>	Desirable	1	Year of Training	Form 016
<b>Presentations</b>	Required	1	Year of Training	Form 017
<b>Committee Attendance</b>	Required	1	Training Programme	Form 063
<b>Additional Qualifications</b>	Desirable	1	Training Programme	Form 065
<b>Section 4 - Assessments</b>				
<b>CBD</b>	Required	1	Year of Training	Form 020
<b>Mini-CEX</b> (At least two Mini-CEX assessments)	Required	2	Year of Training	Form 023
<b>Quarterly Assessment</b>	Required	4	Year of Training	Form 092