

## Medical Virology

### Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in **Medical Virology** via the 2021 curriculum. You will also need to read the [Medical Virology curriculum](#).

**This is the Specialty Specific Guidance for Medical Virology published September 2021 – version 1**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in **Medical Virology** against the 2021 version of the curriculum. This is not a standalone document and should be read in conjunction with the **curriculum**. You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Pathologists for guidance **before** you submit your application. The Royal College of Pathologists can be contacted at [training@rcpath.org](mailto:training@rcpath.org).

### **What is the indicative period of training for a Certificate of Completion of Training (CCT) in Medical Virology?**

A) The indicative period of training for a CCT in Medical virology is six years.

The structure of this training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem (ACCS) training including attainment of the Membership of the Royal College of Physicians (MRCP) examination.
- Four years of higher specialty training in Medical virology which includes Combined Infection Training for two years (combining laboratory and clinical aspects of infection) and two years of higher specialty training in Medical virology.

## Curriculum Framework

The 13 capabilities in practice (CiPs) describe the professional tasks or work within the scope of Medical Virology. Six CiPs are generic, with applicability to doctors in all specialties, and seven are specific to specialists in infection. Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made. By the completion of training and award of CCT, the doctor must demonstrate that they are capable of unsupervised practice in all generic and specialty CiPs. The six generic CiPs cover the universal requirements of all specialties as described in the GPC framework.

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The seven specialty CiPs describe the laboratory and clinical tasks or activities which are essential to the practice of Medical virology. The specialty CiPs have also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the trainee's performance meets or exceeds the minimum expected level of performance expected for completion of this stage of Medical virology training, as defined in the curriculum.

### Generic CiPs

- G1. Able to function successfully within NHS organisational and management systems.
- G2. Able to deal with ethical and legal issues related to clinical practice.
- G3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.
- G4. Is focussed on patient safety and delivers effective quality improvement in patient care.
- G5. Able to carry out research and managing data appropriately.
- G6. Acts as a teacher and clinical supervisor.

### Specialty CiPs

- S1. Able to provide clinical leadership and support to the laboratory.
- S2. Able to use the laboratory service effectively in the investigation, diagnosis and management of infection.
- S3. Able to advise on infection prevention, control and immunisation.
- S4. Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis.
- S5. Able to lead and advise on treatment with and stewardship of antimicrobials.
- S6. Able to provide continuity of care to inpatients and outpatients with suspected or proven infection.
- S7. Able to manage and advise on imported infections.

## Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It is more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence.
- Triangulated evidence will make a stronger application.

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- Evidence of your recent practice (i.e. less than five years old) will be given more weight, as it reflects current capabilities.
- Your evidence must be legible.

All your evidence, other than qualifications you are getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

### **Anonymising your evidence**

It is important that you anonymise your evidence before you submit it to us. You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

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The following details **do not** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

### **How much evidence to submit**

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities.

We recognise that you may not have all the evidence that is required but it will help us to process your application more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Medical virology in the UK.

You should bear in mind the following points:

- Evidence should show that you're able to assess and offer a first opinion in relevant settings
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing).
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

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It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Evidence of your competence should be recent. In general, evidence of skills or experience more than five years old should not be submitted, as typically it does not demonstrate that the competences have been recently maintained.

As a general guide, we would usually expect to see between 800 and 1000 pages of evidence.

**Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.**

## **Organising your evidence**

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application. Your evidence will need to be organised to reflect the structure of the online application, which may mean you need to create your own dividers for any hard copy evidence.

The Medical virology curriculum developed by the Royal College of Pathologists is divided into 13 CiPs. Each CiP has a set of descriptors associated with that activity or task. There are six generic CiPs which cover the universal requirements of all specialties as described in the GPC framework and seven specialty CiPs which describe the laboratory and clinical tasks or activities which are essential to the practice of Medical virology. The specialty CiPs have also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks.

You need to gather your evidence by area of competence in the curriculum and then attach this under the relevant section in your online application.

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

The amount of evidence needed for each domain will vary, according to the documentation required to cover each capability.

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## Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application in Medical virology, you must review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curricula.
- Provide evidence of **current capability** in all areas of the curriculum, including maintenance of capability (i.e. CPD). This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs.
- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence.
- Ensure your referees provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Medical virology in the UK.
- Provide evidence of managing a broad range of patients, as seen daily by Medical virology doctors in the UK.
- Ensure you have evidence demonstrating equivalent knowledge and skills to Internal Medicine or alternative core training.
- Provide evidence of your clinical capability across the range of experience, ages and settings.
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs.

**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

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## How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs.

If you have a document that is relevant to more than one CiP, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

There is no set number of SLEs required as they are formative to guide learning. We would strongly advise seeking advice from a trainer (e.g. educational supervisor) to ensure that key capabilities are met. A range of SLEs covering different aspects of the curriculum will help demonstrate competence.

**A description of the assessments below, together with template forms, can be found on the [RCPATH](#) and [JRCPTB website](#)**

Evidence / requirement	About	Minimum expectation
<b>Supervised Learning Events (SLEs)</b>		
<b>Acute Care Assessment Tool (ACAT)</b>	These should have been undertaken with a consultant and should cover a range of Medical virology cases and topics	12 – 14 of each type completed in last 2 years
<b>Case-based discussion (CbD)</b>		
<b>mini-clinical evaluation exercise (mini-</b>		

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<b>CEX)</b>		
<b>Workplace Based Assessments (WPBAs)</b>		
<b>Evaluation of clinical events (ECE)</b>	Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings	12
<b>Direct Observation of Procedural Skills (DOPS)</b>	To cover the range of laboratory based procedures	12
<b>Quality Improvement Project Assessment Tool (QIPAT)</b>	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months
<b>Patient Survey (PS)</b>	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> <li>▪ Thank you letters/cards from patients</li> <li>▪ Statements from referees</li> <li>▪ Testimonial letters from colleagues</li> <li>▪ Feedback from patients/colleagues</li> </ul>	1 completed in last 12 months
<b>Teaching observation (TO)</b>	At least 1 should be completed by a consultant in the specialty.	1 completed in last 12 months

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<b>Multi Source Feedback (MSF)</b>	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of 1 in the year before the application has been submitted – any available from the last 5 years should also be submitted.</p> <p>MSF should include approximately 15 colleagues, and not more than 4 should be doctors.</p>	1 completed in last 12 months
<b>Other evidence</b>		
<b>To be included in the portfolio of evidence</b>	<ul style="list-style-type: none"> <li>▪ <b>Appraisal</b> is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical)</li> <li>▪ <b>Reflective</b> diaries/evidence of self-reflection</li> <li>▪ <b>Supervisor report</b> reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. The JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be four in the last 12 months.</li> <li>▪ <b>Logbooks</b> must cover the last five years and show the type of procedures you performed and your role in the procedure.</li> <li>▪ <b>Training events</b> (courses, study days, meetings) over the last five years.</li> <li>▪ <b>Evidence of seeing patients</b> over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages.</li> <li>▪ <b>Academic activities</b></li> <li>▪ <b>Management activities</b></li> <li>▪ <b>Structured reports</b></li> </ul>	Four completed in the last 12 months (e.g. MCRs)
<b>Continuing Professional Development</b>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses you may want to provide evidence of include:</p>	

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(CPD)	<ul style="list-style-type: none"> <li>▪ Life support</li> <li>▪ Teaching</li> <li>▪ Simulation</li> <li>▪ Management</li> <li>▪ Research methodology</li> <li>▪ Business</li> <li>▪ Communication</li> <li>▪ Education</li> </ul> <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	
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## Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

### Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

### Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

Applicants must provide evidence of success in the Membership of the Royal College of Physicians (MRCP) by examination and Fellowship of the Royal College of Pathologists (FRCPath) by examination (Information can be found on the college website).

If the applicant does not hold the MRCP and/or FRCPath then they must provide a robust portfolio of evidence of knowledge of the breadth and depth of the curriculum.

Applicants in possession of FRCPath should provide **a copy** of their certificate, but this does not have to be authenticated. This will be checked directly by the Royal College of Pathologists. If evidence of another specialist qualification is being provided, it must be supported by original or authenticated certificates and the curriculum/syllabi or standards

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	<p>for its award. Applicants without such evidence will need to submit very robust and clear alternative evidence that they have been assessed to an appropriate level in their specialty if the Board is to be satisfied of equivalence to CCT standards.</p> <p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p> <p>If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence <b>in addition</b> to your qualification:</p> <ul style="list-style-type: none"> <li>• Training curriculum or examination syllabus</li> <li>• Formal period assessments completed during training (these may be older than 5 years)</li> </ul>
<b>Recent specialist training</b>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an <b>authenticated copy</b> of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this</p>

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	<p>requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in Medical virology in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<b>Specialist registration outside the UK</b>	Please provide an <b>authenticated copy</b> of details of the registration requirements of that authority.
<b>Other relevant qualifications and certificates</b>	<p>You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. degrees or diplomas in relevant areas, teaching, management, research methodology.</p> <p>Please provide <b>copies</b> of certificates.</p>

## Evidence of employment in posts and duties (including training posts)

Curriculum Vitae	Information on how you present you CV can be found on the <a href="#">GMC website</a> .
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<b>Employment letters and contracts of employment</b>	<p>The information in these letters and contracts <b>must</b> match your CV. They will confirm the following:</p> <ul style="list-style-type: none"> <li>▪ dates you were in post</li> <li>▪ post title, grade, training</li> <li>▪ type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li> </ul>
<b>Job descriptions</b>	<p>These <b>must</b> match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> <li>▪ your position within the structure of your department</li> <li>▪ your post title</li> <li>▪ your clinical and non-clinical commitment</li> <li>▪ your involvement in teaching or training.</li> </ul>
<b>Rotas</b>	<p>You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.</p>
<b>Departmental/Unit annual caseload statistics</b>	<p>You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.</p>
<b>Appraisal</b>	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p>

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For those applicants working in independent practice it is recommended that at least one employer appraisal is undertaken and summary documentation of this submitted with the application.

Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.

360° and multi-source feedback

Each MSF will be considered and will be evaluated individually.

You should supply evidence of feedback completed at the time from colleagues of all levels (peers, management etc). In addition to MSF, evidence may include letters, references for posts applied for etc.

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## Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference

### CiP 1: Able to function successfully within NHS organisational and management systems

#### Key skills:

- Aware of, and adheres to, the GMC professional requirements.
- Aware of public health issues including population health, social determinants of health and global health perspectives.
- Demonstrates effective clinical leadership.
- Demonstrates promotion of an open and transparent culture.
- Keeps up to date through learning and teaching.
- Demonstrates engagement in career planning.
- Demonstrates capabilities in dealing with complexity and uncertainty.
- Aware of the role and processes for commissioning.
- Aware of the need to use resources wisely.

#### Suggested documentation:

- Reports from consultants who have worked with you, such as the [Multiple Consultant Report \(MCR\)](#)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development. This may, for example, the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.
- Evidence of attendance at an NHS /health service management course

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## CiP 2: Able to deal with ethical and legal issues related to clinical practice

### Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups.
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate.
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently.

### Suggested documentation:

- |   |
|---|
| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports   |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)  |
| ▪ Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include: <ul style="list-style-type: none"><li>• Reflections on cases where you had to assess a patient's mental capacity</li></ul>  |
| ▪ Evidence of involvement in making best interests' decisions, such as: <ul style="list-style-type: none"><li>• Notes</li><li>• Letters</li><li>• Meeting minutes</li></ul>   |
| ▪ Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example: <ul style="list-style-type: none"><li>• eLfH Mental Capacity Act: <a href="https://www.e-lfh.org.uk/programmes/mental-capacity-act/">https://www.e-lfh.org.uk/programmes/mental-capacity-act/</a></li><li>• CPD Online Mental Capacity Act: <a href="https://cpdonline.co.uk/course/mental-capacity-act/">https://cpdonline.co.uk/course/mental-capacity-act/</a></li><li>• SCIE Mental Capacity Act: <a href="https://www.scie.org.uk/e-learning/mca">https://www.scie.org.uk/e-learning/mca</a></li></ul> |

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## **CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement**

### **Key skills:**

- Communicates clearly with patients and carers in a variety of settings.
- Communicates effectively with clinical and other professional colleagues.
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues).
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills.
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations.
- Shares decision making with children and young people.
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations.

### **Suggested documentation:**

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of your ability to analyse a patient's communication difficulties: <ul style="list-style-type: none"><li>• Reflective diaries</li></ul>
▪ Feedback from patients, such as a patient survey
▪ Reflective practice entries about patients or families who posed difficulties
▪ Supervised learning event

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## CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care

### Key skills:

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care.
- Demonstrates commitment to learning from patient safety investigations and complaints.
- Shares good practice appropriately.
- Contributes to and delivers quality improvement.
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management.
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments.

### Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families who posed difficulties
▪ Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example: <ul style="list-style-type: none"><li>• Meeting minutes, demonstrating your attendance and participation</li><li>• Invites sent from you demonstrating arranging meetings</li></ul>
▪ Supervised learning event
▪ Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness e.g. project report, letter from supervisor
▪ Specific quality improvement activity, such as a QIPAT
▪ Copies of letters you have written to NHS and non-NHS services involved with patients

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## CiP 5: Carries out research and manages data appropriately

### Key skills:

- Manages clinical information / data appropriately.
- Understands principles of research and academic writing.
- Demonstrates ability to carry out critical appraisal of the literature.
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients.
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry.
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice.
- Follows guidelines on ethical conduct in research and consent for research.
- Understands public health epidemiology and global health patterns.
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate.

### Suggested documentation:

- |   |
|---|
| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports   |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)  |
| ▪ Evidence of completion of Good Clinical Practice (GCP) training: <ul style="list-style-type: none"><li>• <a href="http://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice">www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice</a></li></ul> |
| ▪ Documented evidence of research activity. This may include evidence of: <ul style="list-style-type: none"><li>• Helping in a project</li><li>• Reviewing research papers / grants</li><li>• Writing and co-authoring research papers</li><li>• Contributing to research projects</li></ul>                                |
| ▪ Presentations – either lectures (podium presentations) or poster presentations  |
| ▪ Publications  |

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## CiP 6: Acts as a clinical teacher and clinical supervisor

### Key skills:

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan.
- Able to supervise less experienced trainees in their clinical assessment and management of patients.
- Able to supervise less experienced trainees in carrying out appropriate practical procedures.
- Able to act as a clinical supervisor to doctors in earlier stages of training.

### Suggested documentation:

- |  |
|--|
| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports  |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)   |
| ▪ Completion of relevant training course(s), such as teaching, appraisal, management or leadership courses   |
| ▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"><li>• Teaching Observation SLE (TO)</li><li>• Feedback forms from attendees</li></ul> |

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## Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

### Specialty CiP 1: Able to provide clinical leadership and support to the laboratory

#### Key skills:

- Demonstrates awareness of developments, both scientific and managerial, that may affect the delivery of diagnostic Microbiology (Bacteriology, Virology, Mycology and Parasitology) services.
- Understands legislation relevant to diagnostic Microbiology laboratories including that related to Health and Safety.
- Demonstrates knowledge and understanding of methods of microbiological investigation.
- Demonstrates ability to select and advise on appropriate microbiological tests for clinical investigation and to oversee appropriate turnaround times.
- Demonstrates knowledge and understanding of Microbiological (Bacteriology, Virology, Mycology and Parasitology) method validation and verification, and the concepts of sensitivity and specificity as applied to Microbiological tests.
- Demonstrates ability to effectively use and oversee Internal Quality Control (IQC) and External Quality Assurance (EQA) data to assure the overall quality of microbiological diagnostics.
- Demonstrates knowledge and understanding of Laboratory Information Management Systems (LIMS) and other Healthcare Information Technology systems, including understanding relevant information governance legislation.
- Demonstrates ability to work effectively and provide clinical leadership in a multidisciplinary team within the diagnostic Microbiology laboratory.
- Able to evaluate and oversee the introduction of novel laboratory tests.

#### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

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<ul style="list-style-type: none"> <li>▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs):             <ul style="list-style-type: none"> <li>○ CbD</li> <li>○ Mini CEX</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of practical procedures (eg DOPS) – <b>minimum of four</b> across breadth of MM/MV laboratory practice</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings             <ul style="list-style-type: none"> <li>○ Evaluation of clinical events (ECE) – <b>minimum of four</b></li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of active involvement in service audit or development projects (eg QIPAT)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from formal teaching sessions to medical and non-medical staff:             <ul style="list-style-type: none"> <li>○ Teaching Observation (TO)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice</li> </ul>

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## Specialty CiP 2: Able to use the laboratory service effectively in the investigation, diagnosis and management of infection

### Key skills:

- Demonstrates understanding of the biology of micro-organisms that may cause diseases in humans and the principles of the host-pathogen interaction.
- Demonstrates ability to effectively advise on appropriate Microbiological (Bacteriology, Virology, Mycology and Parasitology) investigations.
- Demonstrates an understanding of the human microbiome, colonising organisms, and the features of pathological infection.
- Demonstrates ability to effectively use microbiological and other data, to form an appropriate differential diagnosis.
- Demonstrates knowledge and understanding of national and international microbiological guidelines.
- Demonstrates ability to liaise effectively with other specialty diagnostic services.
- Able to inform and develop local guidelines and standard operating practice (SOP's).

### Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"><li>○ CbD</li><li>○ Mini CEX</li></ul>
▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings <ul style="list-style-type: none"><li>○ Evaluation of clinical events (ECE) – <b>minimum of four</b></li></ul>
▪ Evidence of active involvement in service audit or development projects (eg QIPAT)
▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"><li>○ Teaching Observation (TO)</li></ul>

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- Reflective practice

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## Specialty CiP 3: Able to advise on infection prevention, control and immunisation

### Key skills:

- Demonstrates knowledge and understanding of Standard Precautions in Infection Prevention and Control (IP&C) and ability to advise on the appropriate use of Personal Protective Equipment (PPE).
- Demonstrates knowledge and understanding of Transmission-based Precautions in IP&C, including appropriate patient isolation and cohorting.
- Demonstrates knowledge and understanding of microbiological surveillance including patient screening methods, organism typing and genome sequencing methodologies.
- Applies knowledge and understanding of microbiological surveillance to prevention and control of Healthcare Associated Infection (HCAI).
- Demonstrates ability to participate in managing outbreaks or significant cross-infection incidents in the healthcare setting.
- Demonstrates knowledge and understanding of the healthcare environment and equipment as potential sources of infection.
- Demonstrates knowledge and understanding of public health implications of specific communicable diseases and the importance of appropriate public health notification and intervention.
- Demonstrates knowledge and understanding of the public-health aspects of vaccine-preventable infections and the benefits of vaccination.
- Demonstrates ability to advise appropriately on the use of active and passive immunisation, including in immunocompromised patients and in outbreaks.

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - ACAT
  - CbD
  - Mini CEX
- Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team

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meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings
<ul style="list-style-type: none"> <li>○ Evaluation of clinical events (ECE) – <b>minimum of four</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of active involvement in service audit or development projects (eg QIPAT)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"> <li>○ Teaching Observation (TO)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice</li> </ul>

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## Specialty CiP 4: Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis

### Key skills:

- Demonstrates ability to take a comprehensive patient history, including when appropriate, travel, occupational, contact drug, transfusion and sexual history, and ensures history is accurately recorded.
- Demonstrates ability to perform an accurate clinical examination and to clearly record examination findings.
- Demonstrates ability to form an appropriate differential diagnosis based on patient history, clinical examination findings and investigations.
- Demonstrates ability to formulate and advise on or implement a safe and appropriate management plan.
- Demonstrates ability to assess, investigate, diagnose and advise on, or directly manage all aspects of suspected or proven community acquired infection.
- Demonstrates ability to assess, investigate, diagnose and advise on, or manage all aspects of suspected or proven healthcare associated infection.
- Demonstrates ability to assess, investigate, diagnose and advise on, or directly manage all aspects of suspected or proven infection in immunocompromised patients, including those infected with HIV.

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - ACAT
  - Cbd
  - Mini CEX
- Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings
  - Evaluation of clinical events (ECE) – **minimum of four**

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| ▪ Evidence of active involvement in service audit or development projects (eg QIPAT)   |
| ▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"><li>○ Teaching Observation (TO)</li></ul> |
| ▪ Reflective practice  |
| ▪ Patient feedback   |

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## Specialty CiP 5: Able to lead on and advise on treatment with and stewardship of antimicrobials

### Key skills:

- Demonstrates appropriate use and ability to advise on the appropriate use and stewardship of antimicrobials, including antibiotics, antivirals, antifungals, anti-protozoal and anti-parasitic agents.
- Demonstrates ability to provide leadership and education on the appropriate use and stewardship of antimicrobials, including use and implementation of evidence-based empiric and pathogen-specific antimicrobial guidelines.
- Demonstrates understanding of the global problem of increasing antimicrobial resistance (AMR).
- Demonstrates ability to advise and lead on the appropriate use of an outpatient parenteral antimicrobial therapy (OPAT) service.

### Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"><li>○ ACAT</li><li>○ Cbd</li><li>○ Mini CEX</li></ul>
▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings <ul style="list-style-type: none"><li>○ Evaluation of clinical events (ECE) – <b>minimum of four</b></li></ul>
▪ Evidence of active involvement in service audit or development projects (eg QIPAT)
▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"><li>○ Teaching Observation (TO)</li></ul>
▪ Reflective practice
▪ Patient feedback

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## Specialty CiP 6: Providing continuity of care to inpatients and outpatients with suspected or proven infection

### Key skills:

- Demonstrates effective teaching and training to medical students, junior doctors, laboratory staff and other healthcare professionals.
- Demonstrates ability to deliver effective feedback to trainees, with appropriate action plan.
- Demonstrates ability to effectively supervise healthcare professionals, including medical staff, in earlier stages of training.
- Demonstrates ability to act as a clinical supervisor to healthcare professionals, including medical staff, in earlier stages of training.

### Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"><li>○ ACAT</li><li>○ CbD</li><li>○ Mini CEX</li></ul>
▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings <ul style="list-style-type: none"><li>○ Evaluation of clinical events (ECE) – <b>minimum of four</b></li></ul>
▪ Evidence of active involvement in service audit or development projects (eg QIPAT)
▪ Feedback from formal teaching sessions to medical and non-medical staff:

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- Teaching Observation (TO)

- Reflective practice

- Patient feedback

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## Specialty CiP 7: Able to manage and advise on imported infections

### Key skills:

- Demonstrates the ability to assess, investigate, diagnose, advise on, and directly manage patients with imported infections.
- Demonstrates the ability to provide leadership in clinical care, governance and service development for patients with imported infections.
- Demonstrates comprehensive knowledge and skills in pre-travel health advice.
- Demonstrates a knowledge and understanding of the epidemiology, lifecycle and clinical presentation of parasitic diseases.

### Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Tropical medicine course (eg Diploma in Tropical Medicine & Hygiene)
▪ Travel medicine course
▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"><li>○ ACAT</li><li>○ CbD</li><li>○ Mini CEXs</li></ul>
▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings <ul style="list-style-type: none"><li>○ Evaluation of clinical events (ECE) – <b>minimum of four</b></li></ul>
▪ Evidence of practice of procedures (e.g. DOPS) – e.g. interpretation of malarial blood film
▪ Evidence of active involvement in service audit or development projects (eg QIPAT)

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| ▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"><li>○ Teaching Observation (TO)</li></ul> |
| ▪ Publications / presentations at meetings   |
| ▪ Patient feedback   |

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