ACADEMY OF
MEDICAL ROYAL
COLLEGES

COMMON COMPETENCES FRAMEWORK FOR DOCTORS

AUGUST 2009

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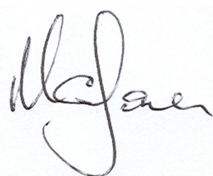
FOREWORD

This Framework has been developed to identify the common competences that should be acquired by doctors in core and specialty training in the United Kingdom. It has been derived primarily from competences that were previously defined within the specialty training curricula and, where appropriate, the revised Foundation Programme Curriculum that have been presented by the Royal Colleges and Faculties for approval by the Postgraduate Medical Education and Training Board (PMETB). It has been supplemented by information from additional curricula and frameworks that had been developed by other bodies.

The Academy of Medical Royal Colleges Specialty Training Committee (ASTC) developed this Framework to help inform the development of core and specialty curricula of the Royal Colleges and Faculties. The Framework will supplement the specialty specific competences within the specialty training curricula. It is acknowledged that only doctors who have acquired both specialty and common competences should be able to progress in training through to achieving Certification of Completion of Training (CCT).

The Framework has been circulated widely for comment and refinement during its development. It will continue to be revised and kept live by the ASTC, who will review and evaluate the Framework as further competences and assessment methods are defined and refined. It is the intention to include the Medical Leadership Curriculum Framework in future revisions as well as more detailed assessment guidance.

I would like to thank the significant number of individuals who have contributed to developing this framework, reflecting the importance that the Royal Colleges, Faculties, Deaneries and Service place on improving the training of doctors and the quality of patient care.



Dr Mike Jones
Chairman, Academy Specialty Training Committee

August 2009

MEMBERS OF THE WORKING GROUP AND CONTRIBUTORS

The framework is designed to include content and processes suitable for all registered doctors. The Common Competences Framework Working Group was set up in 2008 under the auspices of the Academy of Medical Royal Colleges Specialty Training Committee and the Chairmanship of Dr Mike Jones. It was project managed by Ms Manjula Das. The membership of the working group was:

- **Ms Francine Alexander**
  Joint Committee on Surgical Training
- **Professor Michael Bannon**
  Conference of Postgraduate Medical Deans of the United Kingdom
- **Ms Joanne Brinklow**
  Royal College of Pathologists
- **Dr Andrew Brittlebank**
  Royal College of Psychiatrists
- **Professor Bill Burr**
  Joint Royal Colleges of Physicians Training Board
- **Mr David Cottrell**
  Royal College of Ophthalmologists
- **Dr Helen Cugnoni**
  College of Emergency Medicine/Academy Foundation Programme Committee
- **Mr Ian Eardley**
  Joint Committee on Surgical Training
- **Dr Mark Jenkins**
  College of Emergency Medicine/ Northern Ireland
- **Dr David Kessel**
  Royal College of Radiologists/Academy Foundation Programme Committee
- **Professor Shelley Heard**
  Royal College Pathologists
- **Dr Christine Heron**
  Royal College of Radiologists
- **Ms Suzie Hughes**
  Academy of Medical Royal Colleges Patient/Lay Group
- **Ms Celia Ingham Clark**
  Medical Director Whittington Hospital
- **Ms Heather Laurence**
  CEO Chelsea and Westminster Hospital
- **Dr Andrew Long**
  Royal College of Paediatrics and Child Health
- **Dr Jane Mathieson**
  Academy of Medical Royal Colleges Trainee Doctors' Group
- **Dr Mary McGraw**
  Royal College of Paediatrics and Child Health
- **Dr Stephen Miles**
  Faculty of Sport and Exercise Medicine
- **Professor Fiona Moss**
  Conference of Postgraduate Medical Deans of the United Kingdom /Academy Foundation Programme Committee
- **Dr Pete Nightingale**
  Royal College of Anaesthetists
- **Mr Manjit Obhrai**
  Royal College of Obstetricians and Gynaecologists/ Academy Foundation Programme Committee
- **Dr Bill Reith**
  Royal College of General Practitioners

- **Dr Andrew Tomlinson**
  Royal College of Anaesthetists

- **Dr Charlotte Tulinius**
  Royal College of General Practitioners

- **Ms Winnie Wade**
  Royal College of Physicians London/
  Academy Foundation Programme Committee

- **Dr David Williams**
  Faculty of Public Health

Advice and comments were also sought from:

- Academy Foundation Programme Committee
- Academy Patient Lay Group
- Academy Trainee Doctors' Group
- Academy of Medical Educators
- Committee of General Practice Education Directors
- Conference of Post Graduate Medical Deans
- General Medical Council
- Institute of Medical Ethics
- National Association for Clinical Tutors UK
- Postgraduate Medical Education Training Board
- United Kingdom Foundation Programme Office

1. INTRODUCTION

The Common Competences Framework for Doctors (CCFD) is designed to be a reference document that outlines the basic and generic competences required of a doctor without being specialty specific. It has been devised by the Academy of Medical Royal Colleges Specialty Training Committee (ASTC) as a repository of information that may help inform the development of specialty training curricula and that also reflects the medical profession's attitudes and beliefs with regard to the absolute common skills that should be acquired and maintained by every doctor.

The Framework supports the spiral nature of learning that underpins a trainee doctor's continual development, from the undergraduate and foundation years, through to the end of clinical specialty training and subsequently into the trainee doctor's chosen field. It specifically builds upon each area of competence that a trainee doctor will have acquired during the foundation training period. It is recognised that for many of the competences outlined there is a maturation process whereby trainee doctors become more adept and skilled as their career and experience progresses. This is reflected by increasing expertise in their chosen career pathway not only in the specialty specific competences but also in the competences defined by this document.

Competences are often context specific, therefore elements of the competences within this framework will be more important for some specialties than for others. Such emphasis will be outlined in the relevant specialty curriculum. This framework however, is important for all trainee doctors. While it makes no attempt to define all the competences that a doctor working in any medical discipline must have, elements from this framework will appear in the trainee doctor's specialty training curriculum. A trainee doctor in any specialty must work to acquire the competences defined in their own specialty curriculum before the completion of training and the award of certificate of completion of training (CCT).

The common competences for all trainee doctors are based on the four domains of the Framework for *Appraisal and Assessment*, derived from *Good Medical Practice* (GMP) as outlined by the General Medical Council (GMC). For each competency in this framework the related GMP domain is given.

Domain 1 Knowledge, Skills and Performance
Domain 2 Safety and Quality
Domain 3 Communication, Partnership and Teamwork
Domain 4 Maintaining Trust

Assessment of the competences in the CCFD will be dependent on the assessment framework that has been developed for each specialty by the relevant Royal College or Faculty. Suggestions of potential assessment method tools have been given in this framework, i.e. the assessment profiles present a sampling of the potential assessments that could be used rather than addressing each competence individually, as this will be left to the discretion of the relevant specialty. It is also intended that future revisions of the CCFD include examples of best practice used by the Colleges.

2. BASIC CLINICAL COMPETENCES

The first three common competences cover the principles of history taking, clinical examination and therapeutics and safe prescribing. These are competences with which the trainee doctor should be well acquainted from foundation training. It is vital that these competences are practised to a high level by all specialty trainees who should be able to achieve competences in all the descriptors early in their specialty training career. There are four Descriptor Levels. It is anticipated that early on in their specialty training trainee doctors will achieve competences to Level 2, whereas the competences defined by the Level 3 and 4 descriptors will be acquired in the latter part of specialty training.

2.1 HISTORY TAKING

Objectives:

- *To elicit a relevant focused history from patients with increasingly complex issues and in increasingly challenging circumstances*
- *To record the history accurately and synthesise this with relevant clinical examination, establish a problem list based on pattern recognition including differential diagnosis(es) and formulate a management plan that takes account of likely clinical evolution.*

Knowledge	Assessment Methods	GMP
Comprehend the importance of different elements of history	Mini-CEX	1
Comprehend that patients do not present their history in structured fashion	ACAT Mini-CEX	1,3
Know the likely causes and risk factors for conditions relevant to mode of presentation	Mini-CEX	1
Recognise that the patient's wishes and beliefs and their history should inform examination, investigation and management	Mini-CEX	1

Skills	Assessment Methods	GMP
Identifies and overcomes possible barriers to effective communication	Mini-CEX	1,3
Manages time and draws consultation to a close appropriately	Mini-CEX	1,3
Comprehends that effective history taking in non-urgent cases may require several discussions with the patient and other parties, over time	ACAT Mini-CEX	1,3
Supplements history with standardised instruments or questionnaires when relevant	ACAT Mini-CEX	1,3
Manages alternative and conflicting views from family, carers, friends and members of the multidisciplinary team and maintains focus	ACAT Mini-CEX	1,3
Assimilates history from the information available from patient and other sources including members of the multidisciplinary team	ACAT Mini-CEX	1,3
Recognises and interprets appropriately the use of non-verbal communication from patients and carers (where relevant)	Mini-CEX	1,3
Focuses on relevant aspects of the patients history	ACAT Mini-CEX	1,3

Behaviours	Assessment Methods	GMP
Shows respect and behaves in accordance with Good Medical Practice	Mini-CEX	3,4

Level Descriptor
1 – Obtains records and presents accurate clinical history relevant to the clinical presentation. – Elicits most important positive and negative indicators of diagnosis – Includes an indication of patient's views – Starts to screen out irrelevant information – Able to format notes in a logical way, writes legibly, dating and signing entries – Records regular follow up notes in an appropriate manner.
2 – Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatients consultation onward referral – Demonstrates ability to target patient history to discriminate between likely clinical diagnoses – Records information informatively – Able to write a summary of the case when the patient has been seen and clerked by more junior colleagues – Written notes are always comprehensive, focused and informative – Able to accurately summarise the details of patient notes – Demonstrates an awareness that effective history taking needs to take due account of patients beliefs and understanding.
3 – Demonstrates ability to rapidly obtain relevant history in context of severely ill patients and/or in an emergency situation. – Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient/relatives, or where there are significant communication difficulties – Demonstrates ability to keep interview focussed on most important clinical issues. – Writes timely, comprehensive and informative letters to patients and to GPs.
4 – Focuses questioning to establish working diagnosis and able to relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment. – Writes succinct notes and is able to summarise accurately in complex cases.

2.2 CLINICAL EXAMINATION

Objectives:

- *To perform focused, relevant and accurate clinical examination in patients with increasingly complex issues and in increasingly challenging circumstances*
- *To relate physical findings to history in order to establish diagnosis(es) and formulate a management plan.*

Knowledge	Assessment Methods	GMP
Understand the need for a targeted and relevant clinical examination	CbD, Mini-CEX	1
Understand the basis for clinical signs and the relevance of positive and negative physical signs	ACAT, CbD, Mini-CEX	1
Comprehend constraints to performing physical examination and strategies that may be used to overcome them	CbD, Mini-CEX	1
Comprehend the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	ACAT, CbD, Mini-CEX	1
Recognise when the offer/use of a chaperone is appropriate or required	ACAT, CbD, Mini-CEX	1

Skills	Assessment Methods	GMP
Performs valid, targeted and time efficient examinations relevant to the presentation and risk factors	ACAT, CbD, Mini-CEX	1
Recognises the possibility of deliberate harm (both self harm and harm by others) in vulnerable patients and report to appropriate agencies	ACAT, CbD, Mini-CEX	1,2
Actively elicits important clinical findings	CbD, Mini-CEX	1
Performs relevant examinations	CbD, Mini-CEX	1

Behaviours	Assessment Methods	GMP
Shows respect and behave in accordance with Good Medical Practice	CbD, Mini-CEX, MSF	1,4
Considers social, cultural and religious boundaries to clinical examination, appropriately communicates with the patient and makes alternative arrangements where necessary	CbD, Mini-CEX, MSF	1,4

Level Descriptor
1 – Performs basic physical examination and accurately describes and records findings – Elicits most important physical signs – Uses and interprets findings of basic examination appropriately to perform further relevant examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow.
2 – Performs focussed clinical examination directed to presenting complaint e.g. cardiorespiratory, abdominal pain – Actively seeks and elicits relevant positive and negative signs – Uses and interprets findings of extended examination appropriately e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy.
3 – Performs and interprets relevant advanced focussed clinical examination e.g. assessment of less common joints, neurological examination – Elicits subtle findings – Uses and interprets findings of investigation suggested by basic examination appropriately e.g. sigmoidoscopy, FAST ultrasound, echocardiography.
4 – Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances (e.g. acute medical or surgical emergency) or when managing multiple patient wishes and beliefs.

2.3 THERAPEUTICS AND SAFE PRESCRIBING

Objective:

- *To prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice including non-medication based therapeutic and preventative indications.*

Knowledge	Assessment Methods	GMP
Indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	ACAT, CbD, Mini-CEX	1
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	ACAT, CbD, Mini-CEX	1
Recall range of drugs requiring therapeutic drug monitoring and interpret results	ACAT, CbD, Mini-CEX	1
Outline tools to promote patient safety and prescribing, including electronic clinical record systems and other IT systems	ACAT, CbD, Mini-CEX	1,2
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee’s clinical practice	ACAT, CbD, Mini-CEX	1,2
Understand the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM) Medicines and Healthcare Products Regulatory Agency (MHRA) and hospital formulary committees	ACAT, CbD, Mini-CEX	1,2
Understand the importance of non-medication based therapeutic interventions including the legitimate role of placebos	ACAT, CbD, Mini-CEX	1,2

Skills	Assessment Methods	GMP
Reviews the continuing need for, effect of and adverse effects of long-term medications relevant to own clinical practice	ACAT, CbD, Mini-CEX	1,2
Anticipates and avoids defined drug interactions, including complementary medicines	ACAT, CbD, Mini-CEX	1
Advises patients and carers (where relevant)about important interactions and adverse drug effects	ACAT, CbD, Mini-CEX	1,3
Prescribe appropriately in pregnancy, and during breast feeding	ACAT, CbD, Mini-CEX	1
Makes appropriate dose adjustments following therapeutic drug monitoring, or physiological change e.g. deteriorating renal function	ACAT, CbD, Mini-CEX	1
Uses IT prescribing tools where available to improve safety	ACAT, CbD, Mini-CEX	1,2
Employs validated methods to improve patient concordance with prescribed medication	ACAT, Mini-CEX	1,3
Provides comprehensible explanations to the patient, and carers (where relevant), for the use of medicines	ACAT, CbD, Mini-CEX	1,3
Understands the principles of concordance in ensuring that drug regimes are followed	CbD, Mini-CEX	1,3
Ensures safe systems for monitoring, review and authorisation where involved in "repeat prescribing"	CbD, Mini-CEX	1
Recognises the importance of resources when prescribing, including the role of a Drug Formulary and electronic prescribing systems	CbD, Mini-CEX	1,2

Behaviours	Assessment Methods	GMP
Minimises the number of medications taken by a patient to a level compatible with best care	ACAT, CbD, Mini-CEX	1
Appreciates the role of non-medical prescribers	ACAT, CbD, Mini-CEX	1,3
Remains open to advice from other healthcare professionals on medication issues	ACAT, CbD, Mini-CEX	1,3
Ensures prescribing information is shared promptly and accurately between a patient's healthcare providers, including between primary and secondary care	ACAT, CbD	1,3
Participates in adverse drug event reporting mechanisms	Mini-CEX, CbD	1
Remains up to date with therapeutic alerts, and responds appropriately	ACAT, CbD	1

Level Descriptor	
1	– Understands the importance of patient compliance with prescribed medication – Outlines the adverse effects of commonly prescribed medicines – Uses reference works to ensure accurate and precise prescribing – Takes advice on the most appropriate medicine in all but the most common situations – Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in a patients care – Knows indications for commonly used drugs that require monitoring to avoid adverse effects.
2	– Modifies patients prescriptions to ensure that the most appropriate medicines are used for any specific condition – Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care – Maximises patient compliance by providing full explanations of the need for the medicines prescribed.
3	– Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty – Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date – Knows how to report adverse effects and take part in the Committee on Safety Medicines regulatory mechanism – Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally – Ensures that resources are used in the most effective way for patient benefit.

3. INTEGRATED CLINICAL PRACTICE AND PATIENT SAFETY

This part of the generic competences relate to direct clinical practice; the importance of patient needs at the centre of care and promotion of patient safety, team-working and high quality infection control. Furthermore, the prevalence of long-term conditions in patient presentations means that specific competences have been defined and these are mandated in the management of this group of patients. Many of these competences will have been acquired during the Foundation programme and core training but as part of the maturation process these competences will become more finely honed and all trainees should be able to demonstrate the competences as described by the highest level descriptors by the time of their CCT.

3.1 TIME MANAGEMENT AND PERSONAL ORGANISATION

Objective:

- *To prioritise and organise clinical and clerical duties in order to optimise patient care and makes appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource.*

Knowledge	Assessment Methods	GMP
Understand that effective organisation is key to time management	ACAT, CbD	1
Understand that some tasks are more urgent and/or more important than others	ACAT, CbD	1
Understand the need to prioritise work according to urgency and importance	ACAT, CbD	1
Understand that some tasks may have to wait or be delegated to others	ACAT, CbD	1
Understand the roles, competences and capabilities of other professionals and support workers	ACAT, CbD	1
Outline techniques for improving time management	ACAT, CbD	1
Understand the importance of prompt investigation, diagnosis and treatment in disease and illness management	ACAT, CbD, Mini-CEX	1,2

Skills	Assessment Methods	GMP
Maintains focus on individual patient needs whilst balancing multiple competing pressures	ACAT, CbD	1
Identifies clinical and clerical tasks requiring attention or that are predicted to arise	ACAT, CbD, Mini-CEX	1,2
Estimates the time required for essential tasks and plan accordingly	ACAT, CbD, Mini-CEX	1
Groups together tasks when this will be the most effective way of working	ACAT, CbD, Mini-CEX	1
Recognises the most urgent/important tasks and ensure that they managed expediently	ACAT, CbD, Mini-CEX	1
Regularly reviews and reprioritises personal and team workload	ACAT, CbD, Mini-CEX	1
Organises and manages workload effectively and flexibly	ACAT, CbD, Mini- CEX	1
Makes appropriate use of other healthcare professionals and support workers	ACAT, CbD, Mini- CEX	1

Behaviours	Assessment Methods	GMP
Works flexibly and deals with tasks effectively and efficiently	ACAT, CbD, MSF	3
Recognises when self or others are falling behind and takes steps to rectify the situation	ACAT, CbD, MSF	3
Communicates changes in priority to others	ACAT, MSF	1
Remains calm in stressful or high pressure situations and adopts a timely, rational approach	ACAT, MSF	1
Appropriately recognises and handles uncertainty within the consultation	ACAT, MSF	1

Level Descriptor
1 – Comprehends the need to identify work and compiles a list of tasks – Works systematically through tasks and attempts to prioritise – Discusses the relative importance of tasks with more senior colleagues – Understands importance of completing tasks and checks progress with more senior members of the multidisciplinary team – Understands importance of communicating progress with other team members – Able to say when finding workload too much – Always consults more senior member of team when unsure.
2 – Organises work appropriately and is able to prioritise – Works with and guides more junior colleagues and takes work from them if they are overloaded – Discusses work on a daily basis with more senior member of team – Completes work within an acceptable amount of time.
3 – Organises own daily work efficiently and effectively and supervises work of others – Acts professionally and works within reasonable timescales – Manages to balance competing tasks – Recognises the most important tasks and responds appropriately – Anticipates when priorities should be changed – Starting to lead and direct the clinical team effectively – Supports others who are falling behind – Requires minimal organisational supervision.
4 – Automatically prioritises, reprioritises and manages workload in most effectively and efficiently – Communicates and delegates rapidly and clearly – Responsible for organising the clinical team – Manages, supervises or guides the work of more than one team e.g. out-patient and ward team – Calming leadership in stressful situations.

3.2 DECISION MAKING AND CLINICAL REASONING

Objectives:

- *To develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available*
- *To develop the ability to prioritise the diagnostic and therapeutic plan*
- *To be able to communicate a diagnostic and therapeutic plan appropriately.*

Knowledge	Assessment Methods	GMP
Define the steps of diagnostic reasoning	ACAT, CbD, Mini-CEX	1
Conceptualise clinical problem in a clinical and social context	ACAT, CbD, Mini-CEX	1
Understand the psychological component of disease and illness presentation	ACAT, CbD, Mini-CEX	1
Recognise how to use expert advice, clinical guidelines and algorithm	ACAT, CbD, Mini-CEX	1
Recognise and appropriately respond to sources of information accessed by patients	ACAT, CbD, Mini-CEX	1
Define the concepts of the natural history of disease and assessment of risk	ACAT, CbD, Mini-CEX	1,2
Outline methods and associated problems of quantifying risk e.g. cohort studies	ACAT, CbD, Mini-CEX	1
Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	ACAT, CbD	1
Describe commonly used statistical methodology	ACAT, CbD	1
Know how relative and absolute risks are derived and the meaning of the terms: predictive value, sensitivity and specificity, in relation to diagnostic tests	CbD, Mini-CEX	1

Skills	Assessment Methods	GMP
Interprets clinical features and their reliability and relevance to clinical scenarios, including the recognition of the breadth of presentation of common disorders	ACAT, CbD, Mini-CEX	1
Incorporates an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning	ACAT, CbD, Mini-CEX	1
Interprets history and clinical signs	ACAT, CbD, Mini-CEX	1
Generates hypothesis within context of clinical likelihood	ACAT, CbD, Mini-CEX	1
Tests, refines and verifies hypotheses	ACAT, CbD, Mini-CEX	1
Develops problem lists and action plans	ACAT, CbD, Mini-CEX	1
Comprehends the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	ACAT, CbD, Mini- CEX	1
Recognises critical illness and responds with due urgency	ACAT, CbD, Mini- CEX	1
Generates plausible hypothesis(es) following patient assessment	ACAT, CbD, Mini-CEX	1
Constructs concise and applicable problem lists using available information	ACAT, CbD, Mini-CEX	1
Applies quantitative data of risks and benefits of therapeutic intervention to an individual patient	ACAT, CbD, Mini-CEX	1
Searches and comprehends medical literature to guide reasoning	AA, CbD	1

Behaviours	Assessment Methods	GMP
Recognises the difficulties in predicting occurrence of future events	ACAT, CbD, Mini-CEX	1
Willing to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and the benefit/risk balance of therapeutic intervention	ACAT, CbD, Mini-CEX	3
Willing to adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers (where relevant)	ACAT, CbD, Mini-CEX	3
Willing to facilitate patient choice	ACAT, CbD, Mini-CEX	3
Willing to search for evidence to support clinical decision making	ACAT, CbD, Mini-CEX	1
Demonstrates ability to identify one's own biases and inconsistencies in clinical reasoning	ACAT, CbD, Mini-CEX	1,3

Level Descriptor
1 In a straightforward clinical case: – Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence – Institutes an appropriate investigative plan – Institutes an appropriate therapeutic plan – Seeks appropriate support from others – Takes account of the patients wishes and records them accurately and succinctly.
2 In a difficult clinical case: – Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence – Institutes an appropriate investigative plan – Institutes an appropriate therapeutic plan – Seeks appropriate support from others – Takes account of the patients wishes and records them accurately and succinctly.
3 In a complex, non-emergency case: – Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence – Institutes an appropriate investigative plan – Institutes an appropriate therapeutic plan – Seeks appropriate support from others – Takes account of the patients wishes and records them accurately and succinctly.
4 In a complex, emergency case: – Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence – Institutes an appropriate investigative plan – Institutes an appropriate therapeutic plan – Seeks appropriate support from others – Takes account of the patients wishes and records them accurately and succinctly.

3.3 THE PATIENT AS CENTRAL FOCUS OF CARE

Objective:

- *Prioritise the patient's wishes encompassing their beliefs, concerns expectations and needs.*

Knowledge	Assessment Methods	GMP
Outline health needs of particular populations e.g. ethnic minorities and recognise the impact of healthcare beliefs, culture and ethnicity in presentations of physical and psychological conditions	ACAT, CbD	1

Skills	Assessment Methods	GMP
Gives adequate time for patients and carers (where relevant) to express their beliefs ideas, concerns and expectations	ACAT, Mini-CEX	1,3,4
Encourages the healthcare team to respect the philosophy of patient focussed care	ACAT, CbD, Mini-CEX, MSF	3
Develops a self-management plan with the patient	ACAT, CbD, Mini-CEX	1,3
Supports patients and carers(where relevant) to comply with self-management plans	ACAT, CbD, Mini-CEX, Patient Survey	3
Encourages patients to voice their preferences and personal choices about their care	ACAT, Mini-CEX, Patient Survey	3

Behaviours	Assessment Methods	GMP
Supports patient self-management	ACAT, CbD, Mini-CEX, Patient Survey	3
Responds to questions honestly and seeks advice if unable to answer	ACAT, CbD, Mini-CEX	3
Recognises the duty of the healthcare professional to act as patient advocate	ACAT, CbD, Mini-CEX, MSF, Patient Survey	3,4
Constructs an appropriate management-plan in conjunction with the patient, carers (where relevant) and other members of the clinical team and communicates this effectively to the patient and carers (where relevant)	ACAT, CbD, Mini-CEX	1
Applies the relevance of the risk of a future event to an individual patient	ACAT, CbD, Mini-CEX	1
Uses risk calculators appropriately	ACAT, CbD, Mini-CEX	1
Considers the risks and benefits of screening investigations	ACAT, CbD, Mini-CEX	3

Level Descriptor
1 – Responds honestly and promptly to patient questions but knows when to refer for senior help – Comprehends the need for disparate approaches to individual patients – Always respectful to patients – Introduces self clearly to patients and indicates own place in team – Always checks that patients are comfortable and willing to be seen. Asks about and explains all elements of examination before undertaking straightforward procedures e.g. taking a pulse – Always warns patients of any procedure and is aware of the notion of implicit consent – Only undertakes consent for a procedure that he/she is competent to do – Always seeks senior help when does not know answer to patients queries – Always asks patients if there is anything else they need to know or ask.
2 – Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope – Sensitive to patients cultural values and beliefs – Able to explain diagnoses and clinical procedures in ways that enable patients understand and make decisions about their own healthcare.
3/4– Deals rapidly with more complex situations, promotes patients self care and ensures all opportunities are outlined – Able to discuss complex questions and uncertainties with patients to enable them to make decisions about difficult aspects of their health e.g. to opt for no treatment or to make end of life decisions.

Level Descriptor
1 – Respects and follows ward protocols and guidelines – Takes direction from the nursing staff as well as medical team on matters related to patient safety – Discusses risks of treatments with patients and is able to help patients make decisions about their treatment – Always ensures the safe use of equipment – Follows guidelines unless there is a clear reason for doing otherwise – Acts promptly when a patient's condition deteriorates – Always escalates concerns promptly.
2 – Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety – Understands the relationship between good team-working and patient safety – Able to work with and when appropriate lead the whole clinical team – Promotes patient safety to more junior colleagues – Comprehends untoward or significant events and always reports these – Leads discussions of causes of clinical incidents with staff and enables them to reflect on the causes – Able to undertake a root cause analysis.
3 – Demonstrates awareness of human factors – Able to assess the risks across the system of care and to work with colleagues from different department or sectors to ensure safety across the health care system – Involves the whole clinical team in discussions about patient safety – Shows support for junior colleagues who are involved in untoward events.
4 – Fastidious about following safety protocols and ensures that junior colleagues to do the same. Able to explain the rationale for protocols – Demonstrates ability to lead an investigation of a serious untoward incident or near miss and synthesise an analysis of the issues and plan for resolution or adaptation.

4. COMMUNICATION

Issues of communication both with patients and carers (where relevant) and within the healthcare team are often causes of complaint and inadequate communication can lead to poorer standards of patient care. Specific issues are highlighted within this section to promote better communication generally, and within certain situations.

Level Descriptor
1 – Comprehends when bad news must be imparted. – Comprehends the need to develop specific skills – Requires guidance to deal with most cases.
2 – Able to ‘break’ bad news in planned settings following preparatory discussion with seniors – Prepares well for interview – Prepares the patient to receive bad news – Responsive to the patient’s reactions.
3 – Able to ‘break’ bad news in unexpected and planned settings – Clearly structures interview when ‘breaking’ bad news – Establishes what patient wants to know and ensures understanding – Able to conclude interview.
4 – Skilfully delivers bad news in any circumstance including adverse events – Arranges follow up as appropriate – Able to teach others how to ‘break’ bad news.

5. LEGAL AND ETHICAL ASPECTS OF CARE

The legal and ethical framework associated with healthcare must be a vital part of the practitioner's competences if safe practice is to be sustained. Within this, the ethical aspects of research must be considered. The competences associated with these areas of practice are defined in the following section.

Level Descriptor		
1	–	Respects patients' confidentiality and their autonomy
	–	Demonstrates the need for the highest regard for confidentiality adhering to the Data Protection Act with respect to information about patients
	–	Keeps in mind, when writing or storing data, the importance of the Freedom of Information Act
	–	Knowledge of the guidance given by the GMC in respect of the Data Protection Act and the Freedom of Information Act
	–	Does not hurry patients into decisions
	–	Demonstrates understanding that the information in patient's notes is the patients
	–	Only shares information outside the clinical team and the patient after discussion with senior colleagues
	–	Demonstrates familiarity with the principles of the Mental Capacity Act
	–	Discusses with a senior colleague if in doubt about a patient's competence and ability to consent even to the most simple of acts e.g. history taking or examination
	–	Participates in decisions about resuscitation status and withholding or withdrawing treatment.
2	–	Counsels patients on the need for information distribution between members of the immediate healthcare team and seek patients consent for disclosure of identifiable information
	–	Discusses with the patient with whom they would like information about their health to be shared.
3	–	Defines the role of the Caldicott Guardian within an institution, and outlines the process of attaining Caldicott approval for audit or research
	–	Understands the importance of considering the need for ethical approval when patient information is to be used for anything other than the individual's care
	–	Understands the difference between confidentiality and anonymity
	–	Knows the process for gaining ethical approval for research.
4	–	Assumes a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment
	–	Supports the decision making on behalf of those who are not competent to make decisions about their own healthcare.

Level Descriptor	
1	– Demonstrates understanding that consent should be sought ideally by the person undertaking a procedure and in the absence of the patient's consent, by someone competent to undertake the procedure – Demonstrates understanding of the consent process – Always checks for consent for the most simple and non-invasive processes e.g. history taking – Understands the concept of 'implicit consent' – Obtains consent for straightforward treatments that they are competent to undertake with appropriate regard for patient's autonomy.
2	– Explains complex treatments in a straight forward meaningful way that patients and relatives/carers (where relevant) understand in order to obtain appropriate consent – Checks patients and relatives/carers (where relevant) understanding – Responds appropriately when a patient declines consent even when the procedure would on balance of probability benefit the patient.
3	– Obtains consent in 'grey-area' situations where the best option for the patient is not clear.
4	– Obtains consent in all situations even when there are problems of communication and capacity.

5.4 ETHICAL RESEARCH

Objective:

- *To ensure that research is undertaken using relevant ethical guidelines*

Knowledge	Assessment Methods	GMP
Outline the GMC guidance on good practice in research	ACAT, CbD	1
Know about local and national research guidelines	CbD	1
Know the principles of research governance Outline the differences between audit and research	Audit, Review, CbD, Mini-CEX	1
Describe how clinical guidelines are produced	CbD	1
Demonstrate a knowledge of research principles	CbD, Mini-CEX	1
Outline the principles of formulating a research question and designing a project	CbD, Mini-CEX	1
Comprehend principal qualitative, quantitative, biostatistical and epidemiological research methods	CbD	1
Demonstrate good verbal and written presentations skills	CbD, DOPS	1

Skills	Assessment Methods	GMP
Uses critical appraisal skills and applies these when reading literature	CbD	1
Demonstrates the ability to write a scientific paper	CbD	1
Applies for appropriate ethical research approval	CbD	1
Demonstrates the use of literature databases	CbD	1
Understands the difference between population-based assessment and unit-based studies and is able to evaluate outcomes for epidemiological work	CbD	1

Level Descriptor	
1	– Prepares appropriate materials to support teaching episodes – Seeks and interprets simple feedback following teaching.
2	– Able to supervise medical trainee, nurse, colleague or member of the wider healthcare team through a procedure or episode of care – Performs Workplace-based Assessments including being able to give effective and appropriate feedback – Delivers small group teaching to medical trainees, nurses, colleagues or members of the wider healthcare team – Able to teach clinical skills effectively.
3	– Devises a variety of different assessments e.g. multiple choice questions, work place based assessments – Able to appraise a medical trainee, nurse, colleague or member of the wider healthcare team – Acts as a supervisor or mentor to a medical trainee, nurse, colleague or member of the wider healthcare team.
4	– Plans, develops and delivers educational activities with clear objectives and outcomes – Able to plan, develop and deliver an assessment programme to support educational activities.

7. PERSONAL ATTITUDES AND BEHAVIOUR

The individual practitioner has to have appropriate attitudes and behaviours that help deal with complex situations and to work effectively providing leadership as well as working as part of the healthcare team.

Level Descriptor
1 – Works as a valued member of the multidisciplinary team – Listens well to others and takes other viewpoints into consideration – Supports patients and relatives at times of difficulty e.g. after receiving difficult news – Is polite and calm when 'called' or asked to help – Acknowledges the skills of all members of the team.
2 – Responds to criticism positively and seeks to understand its origins and works to improve – Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback – Wherever possible involves patients in decision making.
3 – Comprehends when other staff are under stress and not performing as expected and provides appropriate support for them – Takes necessary action to ensure that patient safety is not compromised.
4 – Helps patients who show anger or aggression with staff, their care and/or their situation and works with them to find an approach to manage the difficulties being experienced. – Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage.

8. MANAGEMENT AND LEADERSHIP

Working within the health service there is a need to understand and work within the organisational structures that are set. A significant knowledge of leadership principles and practice as defined in the Medical Leadership Competence Framework is an important part of this competence.

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GLOSSARY & ABBREVIATIONS

*Members of the general public are free to read the Framework if they so wish, but it is not written with the public in mind. There is no intention to provide any form of explanation service for the public. This is a document intended solely for the use of medical professionals in the UK.

PATIENT

This term has been used to identify the individual who is being managed by a specific doctor on a one to one basis. However, on occasions other individuals should also be included under this heading. For example, for a deceased individual it may be necessary to seek information under the heading of 'history' from a relative or other informant.

In other circumstances information may need to be gathered from members of a community in relation to something affecting a group of individuals. Or, for example, in the case of Occupational Physicians, the Patient is more often referred to as the Client with the referral in this case coming from the Employer. Examples are sometimes given within the text but in general the term patient should always be considered in these wider potential contexts for specific specialties or circumstances.

CARERS

May also refer to others with information relevant to the patient's management. This term usually refers to people providing personal care to, or are direct relatives of, an individual patient. However, within this framework there are occasions when a wider group of individuals should be considered under this term. This may include fellow colleagues in a workplace setting. The use of the term in this document is not intended to be restrictive.

AA	Audit Assessment
ACAT	Acute Care Assessment Tool
ASTC	Academy Specialty Training Committee
BMA	British Medical Association
CbD	Case-based Discussion
CCFD	Common Competences Framework for Doctors
CCT	Certificate of Completion of Training
CSM	Committee on Safety of Medicines
DOPS	Directly Observed Procedural Skills
GMC	General Medical Council
GMP	Good Medical Practice
MHRA	Medicines and Healthcare Products Regulatory Agency
MHRA	Medicines and Healthcare Products Regulatory Agency
Mini-CEX	Mini Clinical Evaluation Exercise
MRSA	Methicillin-resistant Staphylococcus aureus
MSF	Multi-Source Feedback
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHS MEE	National Health Service Medical Education England
NICE	National Institute for Clinical Excellence
OSATS	Objective Structured Assessment of Technical Skills
PACES	Practical Assessment of Clinical Examination Skills
PCT	Primary Care Trust
PDSA	Plan Do Study Act
PMETB	Postgraduate Medical Education Training Board
SASM	Scottish Audit of Surgical Mortality
SIGN	Scottish Intercollegiate Guidelines Network
TO	Teaching Observation

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Academy of Medical Royal Colleges
70 Wimpole Street
London W1G 8AX

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