

# Modernising Medical Careers

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## **Introduction**

### **The competencies and learning outcomes for professional training in the foundation years.**

The workbook has been subdivided into the seven domains of Good Medical Practice, good clinical care, maintaining good medical practice, relationship with patients, working with colleagues, teaching and training, probity and health.

## **Principles**

The educational focus of the foundation years is on the development of professional competence. Building on the knowledge and skills acquired in medical school the doctors in foundation years will be required to demonstrate that they have learned how to apply that knowledge and skill in a wide range of specialities and contexts. At the end of the foundation years they will be sufficiently competent to progress to the higher order skills and ability which are expected in specialist training.

## **Learning objectives**

This document sets out an overview of the generic competencies and learning objectives which each foundation doctor will have to demonstrate as they advance through the rotation of specialities. The learning will occur on the wards and in the community, based on the day to day care of patients. The onus will be on the learner to reflect on their experience and to identify specific needs. The learner will be expected to arrange for formal teaching relevant to their needs and the performance criteria. Teachers and supervisors will in turn be obliged to help foundation doctors by protecting time for learning and by giving time to teach. In demonstrating that, they have achieved the learning outcome for a given performance criterion, the progress through the two years will be monitored as each learning outcome is achieved and assessed.

## **Assessment**

In the spirit of adult education the responsibility for completion of the marking schedule will remain the responsibility of the learner. When the doctor feels able to demonstrate the required competence he or she will approach their

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clinical supervisor to make the necessary assessment. To enhance consistency, in grading a doctor's performance in the workplace, a scale of performance profiles is provided. This consists of a description of the competence level for each point on the nine point scale. The supervisor will make a judgement as to which description best fits the standard of the doctor's performance at that stage of their progress through the foundation years. The doctor will then be required to inform the deanery that they have acquired the necessary points for every outcome in every domain of competence.

### **The RITA**

The record of training and assessment in the foundation years is designed to be useful, accessible and practical. The learning objectives are expressed in broad terms and in three categories; incompetent, competent and exceptional. It will be for the learners and their supervisors to ensure that specific tasks, skills and clinical events have been witnessed or experienced before a particular performance criterion can be awarded the relevant points

### **Administration**

Tracking the performance of each doctor will be the responsibility of the administrator in the deanery. If a doctor is falling behind the expected rate of progress the relevant clinical supervisors will be notified. The administrator will also be responsible for collating the data for feedback to the clinical supervisors as part of their continuing training and quality assurance.

## Notes on Competence Assessment

The grid in each section has a nine point scale:

1	2	3	4	5	6	7	8	9
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Scores of 1 or 2 are to be used for the **incompetent** doctor:

- 1 if there are serious acts of inappropriate knowledge, skills or attitude
- 2 if there are serious omissions of knowledge and skills or attitude

A score of **3** means that the trainee has not yet encountered the task or has not yet performed it or been assessed on it.

Scores of 4 to 9 indicate the following levels of **competence**:

- 4 the level of a competent Medical student starting their PRHO/F1 post
- 5 the level of a competent PRHO/F1 doctor at completion of their first foundation year
- 6 the level of a competent F2 doctor during their second foundation year
- 7 the level of a competent F2 doctor at completion of their second foundation year
- 8 the level expected of a senior SHO in specialist training
- 9 is for doctors of outstanding performance at a level not normally found in trainees. [The purpose is to give recognition to those doctors who have mastered the higher levels of expected competence early in their foundation programme.]

## Point Profiles

The points awarded at different stages for each specific competency will contribute to the overall description of the doctor's progress throughout the foundation years.

The point profiles are designed to give a broad view of a doctor's level of competence. The purpose is to help the learner and the assessor make judgements about the point reached on the overall scale of progress.

### **Point 1 Potentially Harmful**

The lack of clinical skill is against the patient's best interest and could endanger the patient. The doctor is prejudiced and ignores or contradicts the patient's view and those of the family. There is an abuse of medical authority. They ignore advice and feedback and they reject guidelines and evidence. There is no attempt to learn and progress. Record keeping is knowingly inaccurate.

### **Point 2 Inadequate Competence**

There are significant omissions in standard medical procedures with ineffective clinical skills and no recognition of medical risk to patients. The doctor acts without consent, ignores the patients' wishes and the family's involvement. Record keeping is inaccurate and there is a resistance to feedback and advice also a reluctance to participate in the work and the education of the team. There is no PDP and involvement in teaching is rejected. Evidence base and audit is ignored. Time management is unpredictable and disruptive.

### **Point 3 Neutral Point**

The doctor has not yet encountered any opportunity to develop competence. There is no insight or awareness of the skills or competence expected. There is no basis or evidence on which to make a judgement.

### **Point 4 Potential Competence**

There is awareness and basic knowledge of correct clinical procedures for routine and emergency assessment. There is recognition of medical risk and patient safety. Practical skills are at a rudimentary level. Patients are treated with respect and courtesy and their autonomy and confidentiality are acknowledged. There is adequate knowledge of legal issues, consent, medical certification and professional obligations. There is regular attendance at team and educational meetings but few skills in teaching.

### **Point 5 Adequate Competence**

Selects appropriate clinical procedures for routine diagnosis and management and is reliably safe in an emergency. The doctor carries out procedures systematically. They recognise the relevance of risk

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management and health promotion. They understand the concepts of patient centredness and informed consent. They establish trust and rapport with patients and are able to break bad news sympathetically. They keep accurate and comprehensive written records. They are active and cooperative team members and are willing to teach. Able to critically appraise the evidence, they have a proactive attitude to personal development. There is recognition of the responsibilities of the profession.

### **Point 6 Accredited Competence**

There is a clear ability to distinguish the normal from the abnormal and an accurate assessment of clinical emergencies. Clinical skills in a range of practical procedures are effective, comprehensive and safe. The doctor acts only with informed consent, applies evidence based management and recognises the limits of their own competence. Patients in their care are safe and well cared for. Information is given truthfully and realistically, patients' understanding is checked and management plans are negotiated. Effective risk management strategies are applied. They are prompt and punctual in their time management and are proactive in team-working, sensitive and supportive to colleagues' needs. Written records and referral letters are concise and accurate. Learner centred in their teaching, they also pursue effective strategies for their own learning and development.

### **Point 7 Commendable Competence**

The doctor acts promptly and appropriately with all clinical presentations. They are meticulous in applying all the elements of a practical procedure. They are able to apply models of consultation skills. They seek evidence to support learning plans and are able to adapt clinical performance in response to the evidence. They anticipate patients' needs and are able to communicate and explain medical risk. They can accede to patient's preference when necessary and are able to adapt clinical practice in response to circumstances. In teamwork they are able to support, give feedback, delegate and take a lead in education activities.

### **Point 8 Excellent performance**

The doctor can adapt clinical performance to complex diagnoses in complex circumstances. They are efficient and dextrous in all practical procedures. They are able to modify communication style to overcome language and other barriers. They accommodate patient's approach to risk taking in joint

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management decisions and inform and involve the family in decision making when appropriate. A reflective self-directed learner, the doctor is also able to apply a wide range of educational principles. A leader in the team, the doctor prioritises and is flexible to change. They are a role model for colleagues.

### **Point 9      Exceptional Performance**

The doctor is able to manage the patient and involve and direct colleagues in the most complex of cases. They are able to address and resolve complications in practical procedures. They demonstrate the following abilities: a sensitive and facilitative attitude to colleagues; an ability to change and improve attitudes and skills; a capacity to modify and explain health promotion advice with complex co-morbidity; a skill in navigating complex ethical dilemmas. They give effective and constructive feedback, involving and enhancing others' learning and personal development, acting as accomplished educators. They are reflective practitioners, reassuring and open with all patients. The doctor demonstrates an outstanding breadth and depth of ability which is rarely seen at this stage of professional development.

### **Outcome**

At the end of the foundation programme the competent doctor should have reached level 7 in all the areas outlined in the curriculum.

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1		Good Clinical Care (1)							
1	2	3	4	5	6	7	8	9	
<p><b>Incompetence</b></p> <p><b>History Taking</b></p> <ul style="list-style-type: none"> <li>• Incomplete, inaccurate and confusing history taking from, and communication with, patients (carers).</li> <li>• Fails to take into account the patients (carers) concerns, expectation or understanding.</li> <li>• May repeatedly upset patients (carers).</li> </ul> <p><b>Examination</b></p> <ul style="list-style-type: none"> <li>• Regularly fails to elicit physical signs of common clinical problems.</li> <li>• Poor technique.</li> <li>• Frequently takes inappropriate short cuts when examining.</li> <li>• Routinely fails to adequately explain procedures for intimate examinations.</li> <li>• Cannot get patient co-operation for examination.</li> </ul>		<p><b>Competence</b></p> <p><b>History Taking</b></p> <ul style="list-style-type: none"> <li>• Clear history taking and communication with patients (carers).</li> <li>• Uses open &amp; closed questions appropriately.</li> <li>• Knowledge of ‘alarm’ symptoms.</li> <li>• Appreciates the importance of clinical, psychological and social factors.</li> <li>• Attempts to incorporate the patients (carers) concerns, expectations and understanding.</li> <li>• Ability to take specialised histories: mental health, sexual health, from children / parents.</li> </ul> <p><b>Examination</b></p> <ul style="list-style-type: none"> <li>• Explains the examination procedure and minimises patient discomfort.</li> <li>• Uses chaperones appropriately.</li> <li>• Can elicit individual clinical signs but may lack co-ordinated approach and sometimes fails to target detailed examination as suggested from the patient’s symptoms.</li> <li>• Able to use instruments appropriately.</li> </ul>							<p><b>Performance</b></p> <p><b>History Taking</b></p> <ul style="list-style-type: none"> <li>• Accomplished, concise and focused (targeted) history taking and communication, including difficult circumstances (when English not the patients first language; confused patients or other psychiatric / psychological problem or special educational needs; deaf patients; child abuse / neglect).</li> </ul> <p><b>Examination</b></p> <ul style="list-style-type: none"> <li>• Elicits signs appropriately and with attention to patient dignity.</li> <li>• Skilled examination technique.</li> <li>• Teaches examination techniques.</li> <li>• Able to examine children of all ages.</li> </ul>

*table continues with Investigations on next page* 

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<b>Investigations</b> <ul style="list-style-type: none"><li>• Regularly fails to order appropriate basic investigations.</li><li>• Orders inappropriate, random unnecessary investigations, no thought given.</li><li>• Often fails to perform investigations requested.</li><li>• Fails to recognise normal and abnormal results of common investigations.</li><li>• Fails to ask for help or take appropriate action thereon.</li></ul>	<b>Investigations</b> <ul style="list-style-type: none"><li>• Requests common investigations appropriately for patients' needs.</li><li>• Ensures investigations requested by team are completed.</li><li>• Discusses risks, possible outcomes and later results with patients (carers) appropriate to level of expertise.</li><li>• Recognises normal and abnormal results.</li><li>• Prioritises importance of results and asks for help appropriately.</li><li>• Understands local systems and asks for help appropriately from the relevant individuals.</li></ul>	<b>Investigations</b> <ul style="list-style-type: none"><li>• Arranges, completes &amp; acts on investigations intelligently, economically &amp; diligently.</li><li>• Teaches F1 trainees about requests for, interpretation of and action on normal and abnormal results, for common investigations.</li></ul>
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1	Score	<b>Good Clinical Care (1)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

1		Good Clinical Care (2)							
1	2	3	4	5	6	7	8	9	
<p><b>Incompetence</b></p> <p><b>Making a Diagnosis / Management Plan</b></p> <ul style="list-style-type: none"> <li>• Decisions frequently questionable</li> <li>• Unable to make decisions or even make a working diagnosis.</li> <li>• Seeks help all the time.</li> <li>• Fails to involve patients in decision making.</li> </ul> <p><b>Therapeutics</b></p> <ul style="list-style-type: none"> <li>• Prescribing regularly shows lack of clarity.</li> <li>• Repeatedly fails to take account of drug history.</li> <li>• Frequently fails to prescribe according to standard BNF recommendations, including potentially harmful interactions.</li> </ul>		<p><b>Competence</b></p> <p><b>Making a Diagnosis / Management Plan</b></p> <ul style="list-style-type: none"> <li>• Decisions generally satisfactory, though occasional inadequacies when under work pressure.</li> <li>• Can make a sound diagnosis &amp; produce safe, appropriate management plans.</li> <li>• Involves patients (&amp; other professionals where appropriate – aware of own skill &amp; competency).</li> </ul> <p><b>Therapeutics</b></p> <ul style="list-style-type: none"> <li>• Takes an accurate drug history.</li> <li>• Uses the BNF and other sources to access information.</li> <li>• Prescribes drugs (including oxygen, fluids and blood products) clearly and unambiguously.</li> <li>• Understands the implications of religious beliefs.</li> <li>• Describes common drug interactions and allergic reactions.</li> </ul>							<p><b>Performance</b></p> <p><b>Making a Diagnosis / Management Plan</b></p> <ul style="list-style-type: none"> <li>• Decision making satisfactory even when under pressure.</li> <li>• Shows intelligent interpretation of available data to form an effective hypothesis, understands the importance of probability in diagnosis.</li> </ul> <p><b>Therapeutics</b></p> <ul style="list-style-type: none"> <li>• Teaches F1 trainees on taking drug history, obtaining prescribing information and unambiguous prescribing.</li> <li>• Describes the implications of pregnancy for safe use of commonly used drugs.</li> <li>• Teaches on common drug interactions and management of allergic reactions.</li> <li>• Ability to manage adverse drug reactions.</li> </ul>

table continues with **Record Keeping** on next page 

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<p><b>Record Keeping</b></p> <ul style="list-style-type: none"> <li>• Keeps inaccurate or illegible notes with key information missing.</li> <li>• Fails to sign entries.</li> </ul>	<p><b>Record Keeping</b></p> <ul style="list-style-type: none"> <li>• Routinely records accurate, logical legible history which is timed, dated and clearly attributable. Medico – legally sound.</li> <li>• Routinely records patients' progress including management plans and discussion with relatives and other health care professionals.</li> <li>• Utilises information systems effectively.</li> <li>• Adapts style to multidisciplinary case record where appropriate.</li> </ul>	<p><b>Record Keeping</b></p> <ul style="list-style-type: none"> <li>• Teaches record keeping and intra/internet access skills to F1 trainees.</li> <li>• Timely sending out of letters, discharge summaries.</li> <li>• Structures letters to communicate findings and outcome of episodes clearly.</li> </ul>
<p><b>Clinical Risk Management</b></p> <ul style="list-style-type: none"> <li>• Lacks knowledge or understanding of common complications / side effects of treatments / procedures.</li> <li>• Fails to identify signs that might indicate acute illness.</li> <li>• Does not seek help appropriately.</li> <li>• Consistently fails to hand over.</li> </ul>	<p><b>Clinical Risk Management</b></p> <ul style="list-style-type: none"> <li>• Describes common complications and side-effects of treatments / procedures.</li> <li>• Identifies and responds appropriately to patients with abnormal signs.</li> <li>• Recognises personal limitations and seeks help at an early stage.</li> <li>• Communicates effectively to ensure continuity of care.</li> </ul>	<p><b>Clinical Risk Management</b></p> <ul style="list-style-type: none"> <li>• Appropriately discusses potential advantages and disadvantages of treatments/procedures with patients (carers).</li> <li>• Teaches F1 trainees the appropriate response to patients with abnormal signs.</li> <li>• Sets example by calling for help from appropriate health care professionals in timely fashion.</li> <li>• Demonstrates good handover to ensure continuity of care.</li> <li>• Involvement in critical incident analysis.</li> </ul>

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1	Score	<b>Good Clinical Care (2)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

<b>Management of Acutely Ill Patients (i-iii)</b>								
<b>(i) Promptly assesses airway, breathing, circulation in the collapsed patient</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Fails to respond promptly to calls for help.</li> <li>• Slow, incomplete or unstructured initial assessment.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Completes initial assessment within 2-3 minutes.</li> <li>• Supports and clears airway.</li> <li>• Observes respiratory pattern and rate, identifies inadequate ventilation.</li> <li>• Assesses pulse rate, rhythm, volume.</li> <li>• Measures blood pressure using automated methods or sphygmomanometer.</li> </ul>					<b>Performance</b> <ul style="list-style-type: none"> <li>• As preceding, plus...</li> <li>• Makes a clinical assessment of adequacy of cardiac output &amp; oxygen delivery.</li> <li>• Capable of leading multi-disciplinary team.</li> <li>• Helps others stay calm.</li> </ul>	
<b>(ii) Identifies &amp; responds to acutely abnormal physiology</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Fails to focus on correcting abnormal physiology as a priority.</li> <li>• Lacks understanding of clinical relevance of abnormal vital signs.</li> <li>• Uses oxygen or intravenous fluids in a potentially unsafe manner.</li> <li>• Fails to monitor effect of interventions.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Administers oxygen safely, monitors efficacy.</li> <li>• Identifies and attempts to correct hypotension appropriately.</li> <li>• Identifies oliguria, checks for common causes, intervenes appropriately.</li> </ul>					<b>Performance</b> <ul style="list-style-type: none"> <li>• Interprets abnormal vital signs correctly <i>in context</i>.</li> <li>• Anticipates and prevents deterioration in vital signs.</li> <li>• Recognises patients at risk.</li> <li>• Investigates causes for abnormal vital signs.</li> </ul>	

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<b>(iii) Where appropriate, delivers a fluid challenge safely to an acutely ill patient</b>								
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <ul style="list-style-type: none"> <li>• Regularly fails to identify need for a fluid challenge.</li> <li>• Unable to distinguish between different fluids.</li> </ul>		<p><b>Competence</b></p> <ul style="list-style-type: none"> <li>• Selects an appropriate fluid for intravenous resuscitation.</li> <li>• Sets up fluid administration giving set correctly.</li> <li>• Administers fluid bolus(es), observes response, ensures continued administration with monitoring of effect to desired endpoints.</li> <li>• Identifies hypokalaemia and chooses a safe &amp; effective method of potassium supplementation.</li> </ul>					<p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• Reviews impact of fluid administration on organ system function.</li> <li>• Considers additional electrolyte replacement requirements.</li> </ul>	

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	Score	<b>Management of Acutely Ill Patients (i-iii)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

<b>Management of Acutely Ill Patients (iv-vi)</b>								
<b>(iv) Reassesses acutely ill patients promptly following initiation of treatment</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Is unreliable in performing regular review of acutely ill or unstable patients.</li> <li>• Does not pass on information to other members of the health care team to ensure continued review.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Implements a system of regular checking of unstable patients.</li> <li>• Calls for help if patient does not respond to initial measures.</li> <li>• Makes patient safety a priority.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Provides clear guidance to colleagues about monitoring.</li> <li>• Supports nursing staff in designing and implementing monitoring or calling criteria.</li> </ul>		
<b>(v) Requests senior or more experienced help when appropriate</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Permits problems to remain unresolved without seeking help.</li> <li>• Does not make decisions.</li> <li>• Seeks help all the time.</li> <li>• Over-confident.</li> <li>• No insight into own limitations.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Analyses clinical problems, considers possible causes &amp; solutions.</li> <li>• Calls for help or advice appropriately.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Prioritises problems.</li> <li>• Puts the patient first.</li> <li>• Seniors are confident in his/her judgement.</li> </ul>		
<b>(vi) Undertakes a secondary survey to establish a differential diagnosis</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Fails to consider underlying cause for deterioration.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Recognises the importance of iterative review.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Focused further history taking in difficult circumstances</li> </ul>		

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**(vi) Undertakes a secondary survey to establish a differential diagnosis** *(continued from previous page)*

<ul style="list-style-type: none"><li>• Inaccurate examination technique, mistakes or overlooks important clinical signs.</li></ul>	<ul style="list-style-type: none"><li>• Competent history taking and clinical examination.</li><li>• Arranges basic laboratory tests</li></ul>	<p>and/or when patient unable to co-operate (see 1.A).</p> <ul style="list-style-type: none"><li>• Rapidly identifies clinical signs, links them to the history to form a differential diagnosis.</li><li>• Plans appropriate investigations to confirm or refute a diagnosis.</li></ul>
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	Score	<b>Management of Acutely Ill Patients (iv-vi)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

<b>Management of Acutely Ill Patients (vii-ix)</b>								
<b>(vii) Obtains an arterial blood gas sample safely, interprets results correctly</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Fails to understand the need for arterial blood gas sampling and often omits or delays taking the sample.</li> <li>• Does not know the main indications and contraindications for sampling.</li> <li>• Fails to attend to patient comfort during the procedure.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Takes an arterial sample safely using a heparinised syringe.</li> <li>• Describes common causes of abnormal values.</li> <li>• Interprets results in context.</li> <li>• Documents results clearly in the case record.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Communicates significance of acid base disturbances to others in the team.</li> <li>• Directs corrective measures.</li> </ul>		
<b>(viii) Manages patients with impaired consciousness including fits</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Omits major supportive measures.</li> <li>• Unaware of complications of anticonvulsant therapy.</li> <li>• Fails to provide a safe environment for the patient, including seeking senior assistance.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Appreciates urgency.</li> <li>• Administers oxygen, protects airway in unconscious patient.</li> <li>• Places unconscious patient in recovery position.</li> <li>• Calls for help if fitting does not respond to immediate measures.</li> <li>• Follows local protocols.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Seeks and corrects abnormalities of physiological signs, particularly hypoxaemia, hypotension, hypoglycaemia and electrolyte disturbances.</li> <li>• Questions and discusses scientific content of protocols in use.</li> <li>• Capable of leading multidisciplinary team.</li> </ul>		

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<b>(ix) Safely uses common analgesic drugs</b>								
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <ul style="list-style-type: none"> <li>• Does not routinely seek information about patient comfort.</li> <li>• Fails to review patient's comfort in a timely manner.</li> <li>• Lacks knowledge of side effects of commonly used analgesic drugs.</li> <li>• Prescribes analgesics unsafely.</li> <li>• Fails to consider interactions between patient's condition and side effects of commonly used analgesics.</li> </ul>		<p><b>Competence</b></p> <ul style="list-style-type: none"> <li>• Evaluates the patient in pain.</li> <li>• Prescribes opioid and non-opioid analgesic drugs safely.</li> <li>• Re-evaluates the efficacy of analgesia in a timely manner.</li> <li>• Monitors patients for common side effects of analgesic drugs.</li> <li>• Safely uses anti-emetic drugs to treat or prevent nausea &amp; vomiting.</li> </ul>					<p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• Considers the effect of hepatic and renal dysfunction on analgesic pharmacology.</li> <li>• Makes patient comfort a priority.</li> </ul>	

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	Score	<b>Management of Acutely Ill Patients (vii-ix)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

<b>Management of Acutely Ill Patients (x-xiii)</b>								
<b>(x) Explains the principles of managing a patient following self-harm</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Fails to consider possibility of self harm as cause for patient's presentation.</li> <li>• Omits appropriate investigations in patients who present after self-poisoning.</li> <li>• Does not identify main monitoring goals.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Focused history taking, including psychosocial causes requiring social services or police intervention.</li> <li>• Can access Toxbase.</li> <li>• Recognises need for involvement of Mental Health or more experienced personnel.</li> <li>• Demonstrates tolerance &amp; understanding.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Protects and supports colleagues faced with an abusive patient.</li> <li>• Anticipates necessary steps to minimise risks to patient.</li> <li>• Can perform a mental state assessment.</li> </ul>		
<b>(xi) Describes the management of a patient with an acute psychosis</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Fails to recognize features of psychosis.</li> <li>• Unaware of provisions of Mental Health Act.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Recognizes diagnostic features of psychosis.</li> <li>• Summons experienced help promptly.</li> <li>• Can discuss safe administration of anti-psychotic drugs.</li> <li>• Can discuss provisions of Mental Health Act.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Protects patient and colleagues from harm.</li> <li>• Can safely administer anti-psychotic drugs.</li> <li>• Can initiate requirements of the Mental Health Act.</li> <li>• Considers underlying causes of psychosis.</li> </ul>		
<b>(xii) Resuscitation training</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Trained to Intermediate Life Support (ILS) standard.</li> </ul>				<b>Performance</b> <ul style="list-style-type: none"> <li>• Trained to Advanced Life Support (ALS) standard.</li> </ul>		

## Modernising Medical Careers

<b>(xiii) Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately.</b>								
1	2	3	4	5	6	7	8	9
<b>Incompetence</b> <ul style="list-style-type: none"> <li>• Does not understand the importance of timely DNAR decisions and their discussion with patients, relations and/or colleagues.</li> <li>• Ignores advance directives.</li> <li>• May cause unnecessary upset.</li> </ul>		<b>Competence</b> <ul style="list-style-type: none"> <li>• Understands the criteria for issuing orders and level of experience required to issue them.</li> <li>• Can discuss with colleagues including nurses and also relatives.</li> <li>• Facilitates the regular review of DNAR decisions and understands actions required if decision challenged.</li> </ul>					<b>Performance</b> <ul style="list-style-type: none"> <li>• Discusses the DNAR criteria and their legal framework with colleagues including nurses and also relatives.</li> <li>• Encourages regular review of this order and takes appropriate action if challenged.</li> </ul>	

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Modernising Medical Careers

	Score	<b>Management of Acutely Ill Patients (x-xiii)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

## Modernising Medical Careers

<b>Practical Procedures</b>								
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <ul style="list-style-type: none"> <li>• High failure rate for simple procedures.</li> <li>• Hurts patients.</li> <li>• Ignores patients feeling and wishes.</li> <li>• Unsafe, prepares badly.</li> <li>• Unclear and worrying consent.</li> <li>• Muddled records.</li> </ul>		<p><b>Competence</b></p> <ul style="list-style-type: none"> <li>• For each procedure consider the following:               <ol style="list-style-type: none"> <li>1. Knowledge of indications &amp; contraindications</li> <li>2. Explanation to the patient</li> <li>3. Skill in gaining informed consent</li> <li>4. Preparation of equipment</li> <li>5. Preparation of the skin where appropriate</li> <li>6. Positioning of the patient</li> <li>7. Trainees hygiene where appropriate</li> <li>8. Sharing of information and aftercare arrangements</li> <li>9. Monitoring of the patient</li> <li>10. Disposal of equipment</li> <li>11. Documentation of procedure</li> </ol> </li> <li>• Recording complications.</li> </ul>					<p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• A model performer, seen as the example to follow.</li> <li>• Contributes to the improvement of this aspect of the service.</li> </ul>	
<p><b>Procedures:</b></p> <ul style="list-style-type: none"> <li>▪ Venepuncture, cannulation and venesection</li> <li>▪ Central venous access</li> <li>▪ Blood cultures from peripheral and central sites</li> <li>▪ Intravenous infusions including the prescription of fluids, blood and blood products</li> <li>▪ Performing an ECG</li> <li>▪ Arterial blood sampling</li> <li>▪ Injection- subcutaneous, intradermal, intramuscular, intravenous</li> <li>▪ Urethral catheterisation, male and female</li> <li>▪ Airway care, oxygen, nebulisers</li> <li>▪ Respiratory function tests - spirometry, peak flow rate</li> <li>▪ Nasogastric tube insertion</li> <li>▪ Urinalysis</li> <li>▪ Proctoscopy</li> <li>▪ Pleural aspiration</li> <li>▪ Lumbar puncture diagnostic and therapeutic</li> <li>▪ Skin suturing</li> </ul>								

## Modernising Medical Careers

	Score	<b>Practical Procedures</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

2		Maintaining Good Medical Practice						
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Lazy.</li> <li>• Never turns up to timetabled teaching sessions.</li> <li>• Never voluntarily addresses gaps in their knowledge.</li> <li>• When assessed for a second time on core knowledge has made no progress.</li> <li>• Does not learn from mistakes.</li> <li>• No use of IT.</li> <li>• No personal learning plan.</li> </ul> <p><b>Evidence / audit / guidelines</b></p> <ul style="list-style-type: none"> <li>• Fails to show any knowledge or understanding of the evidence base in medical care.</li> <li>• Avoids discussions with colleagues and patients (carers) in this area.</li> <li>• Ignores or unaware of local</li> </ul>		<p><b>Competence</b></p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Hard working</li> <li>• Regular and active contribution at organised teaching sessions. (&gt;50% attendance).</li> <li>• Uses sensible methods to build up their knowledge and skills.</li> <li>• When assessed for a second time on core knowledge has a well formulated answer.</li> <li>• Awareness of &amp; can access electronic learning resources, databases, library.</li> <li>• Personal learning plan (reflective learner).</li> </ul> <p><b>Evidence / audit / guidelines</b></p> <ul style="list-style-type: none"> <li>• Demonstrates a clear ability to critically appraise evidence base of medical care.</li> <li>• Willing to discuss with colleagues and seeks to inform patients (carers) appropriately.</li> <li>• Applies local</li> </ul>					<p><b>Performance</b></p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Exemplary.</li> <li>• Sets standards (&gt;75% attendance at teaching sessions).</li> <li>• Always has a well researched and organised approach to medical practice.</li> <li>• Reports own errors unhesitatingly &amp; shows ability to learn from the experience.</li> <li>• Actively evolving personal learning plan (reflective self-directed learner).</li> </ul> <p><b>Evidence / audit / guidelines</b></p> <ul style="list-style-type: none"> <li>• Implements the available evidence base in most areas of clinical care.</li> <li>• Seeks out opportunities to discuss with colleagues.</li> <li>• Supports patients (carers) in making sense of the evidence base in terms of their personal circumstances.</li> <li>• Seeks to refine local</li> </ul>	

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## Modernising Medical Careers

### **Evidence / audit / guidelines** *(continued from previous page)*

guidelines/protocols. • Has no knowledge of the audit cycle, or any recognition of its relevance to the assessment and improvement of clinical standards.	guidelines/protocols. • Understands the audit cycle and recognises how it relates to the improvement of clinical standards.	guidelines/protocols. • Has been actively involved in undertaking a clinical audit, and recognises how it relates to the improvement of clinical standards and addresses the clinical governance agenda.
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*Intentionally blank area*

Modernising Medical Careers

2	Score	<b>Maintaining Good Medical Practice</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

3	Relationship with Patients (1)							
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <p><b>A: patient centredness</b></p> <ul style="list-style-type: none"> <li>• Discourteous, inconsiderate of patients views, preferences, cultural norms, dignity &amp; privacy.</li> <li>• Discusses one patient in front of another.</li> <li>• Unable to reassure, subject of repeated complaints.</li> <li>• Discriminates against patients with disabilities.</li> <li>• Exploits relationships with patients to own advantage.</li> <li>• Has inappropriate financial or personal relationships with patients.</li> </ul> <p><b>B: communication skills</b></p> <ul style="list-style-type: none"> <li>• Consistently ignores, interrupts or contradicts patients.</li> </ul>		<p><b>Competence</b></p> <p><b>A: patient centredness</b></p> <ul style="list-style-type: none"> <li>• Respects the autonomy, dignity, confidentiality &amp; privacy of the patient.</li> <li>• Knowledge of limits to confidentiality.</li> <li>• Elicits the patients hopes, fears &amp; expectations.</li> <li>• Relates to patients as equal partners, encourages questions.</li> <li>• Knowledge of children's rights.</li> </ul> <p><b>B: communication skills</b></p> <ul style="list-style-type: none"> <li>• Courteous, polite, communicates well with patients.</li> <li>• Demonstrates active listening &amp; an ability to establish trust &amp; rapport.</li> <li>• Able to break bad news to patients sensitively, &amp; avoid conveying unrealistic optimism &amp; undue pessimism.</li> <li>• Able to handle difficult patient interactions - reassurance of the 'worried well', self discharge, complaints, do not resuscitate decisions.</li> <li>• Avoids jargon.</li> <li>• Telephone skills.</li> </ul>					<p><b>Performance</b></p> <p><b>A: patient centredness</b></p> <ul style="list-style-type: none"> <li>• Able to anticipate patients emotional &amp; physical needs &amp; plans to meet them.</li> <li>• Recognises &amp; responds to their health beliefs.</li> </ul> <p><b>B: communication skills</b></p> <ul style="list-style-type: none"> <li>• Explains clearly &amp; checks understanding.</li> <li>• Able to apply models of the consultation appropriately.</li> <li>• Able to use language (and interpreters) appropriately; including communicating with patients with a disability e.g. deafness, visual impairment.</li> <li>• Respond to a patients understanding when breaking bad news or in discussion of life threatening or terminal illness.</li> <li>• Able to handle difficult patient interactions – advance directives / living wills, organ donation, reporting patients to DVLA, compulsory detention under a section of the Mental Health Act.</li> </ul>	

Modernising Medical Careers

3	Score	<b>Relationship with Patients (1)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

<b>3</b>	<b>Relationship with Patients (2)</b>							
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <p><b>C: patient involvement</b></p> <ul style="list-style-type: none"> <li>• Ignores the patients best interests when deciding about treatment or referral.</li> <li>• Fails to obtain patients consent to treatment.</li> </ul>	<p><b>Competence</b></p> <p><b>C: patient involvement</b></p> <ul style="list-style-type: none"> <li>• Explain the concept of risk to a patient.</li> <li>• Knowledge of legal framework of consent.</li> <li>• Apply the rules of consent – gain consent for a variety of procedures.</li> <li>• Able to provide patients with understandable information.</li> <li>• Appropriate use of leaflets &amp; written information.</li> </ul> <p><b>D: patient in context</b></p> <ul style="list-style-type: none"> <li>• Understanding of the impact of the patient as a person in a family.</li> </ul> <p><b>E: relationship with patients relatives / carers</b></p> <ul style="list-style-type: none"> <li>• Can gain consent for a post-mortem.</li> <li>• Able to break bad news to relatives sensitively.</li> <li>• Able to share decision making with relatives.</li> </ul> <p><b>F: health promotion</b></p> <ul style="list-style-type: none"> <li>• Give simple health promotion advice.</li> </ul>							<p><b>Performance</b></p> <p><b>C: patient involvement</b></p> <ul style="list-style-type: none"> <li>• Respond to a patients understanding &amp; attitude towards risk.</li> <li>• Ensure patients are able to make informed choices in health care decisions.</li> <li>• Respects the rights of patients to refuse treatments or tests.</li> <li>• Share an understanding of printed or internet information to enhance the patients concordance with management plans &amp; prescriptions.</li> </ul> <p><b>D: patient in context</b></p> <ul style="list-style-type: none"> <li>• Gain understanding of physical, psychological, social &amp; cultural dimensions of problems presented.</li> </ul> <p><b>E: relationship with patients relatives / carers</b></p> <ul style="list-style-type: none"> <li>• Able to deal with patients who cannot give informed consent.</li> </ul> <p><b>F: health promotion</b></p> <ul style="list-style-type: none"> <li>• Assess an individuals risk factors &amp; tailor make health promotion advice.</li> </ul>

Modernising Medical Careers

3	Score	<b>Relationship with Patients (2)</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

4 Working with Colleagues – team working								
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <p><b>A: communication</b></p> <ul style="list-style-type: none"> <li>• Unable / refuses to communicate with colleagues.</li> <li>• Intolerant of other professional viewpoint.</li> </ul> <p><b>B: team working</b></p> <ul style="list-style-type: none"> <li>• Does not know the members of the team in which they work.</li> <li>• Does not partake in team meetings.</li> <li>• Does not know what skills other team members have.</li> <li>• Delegates tasks to other members of the team for which they don't have the appropriate skills.</li> <li>• Bullies or harasses colleagues.</li> <li>• Can't work to a common goal - selfish, inflexible.</li> </ul> <p><b>C: referral</b></p> <ul style="list-style-type: none"> <li>• Doesn't pass on information to colleagues about at-risk patients.</li> <li>• Dismisses patients</li> </ul>		<p><b>Competence</b></p> <p><b>A: communication</b></p> <ul style="list-style-type: none"> <li>• Listens to colleagues, accepts the views of others.</li> <li>• Able to communicate effectively with other members of the team &amp; inter-professional communication (nursing staff / social services / coroner).</li> <li>• Able to communicate effectively with other teams (hand over).</li> <li>• Able to communicate effectively with GP colleagues - (telephone referrals 'on take') - written communication (discharges).</li> <li>• Able to present a case clearly.</li> </ul> <p><b>B: team working</b></p> <ul style="list-style-type: none"> <li>• Attends &amp; contributes to team meetings.</li> <li>• Knows how to contact team outside meetings.</li> <li>• Ensures satisfactory completion of reasonable tasks by the end of the day / shift.</li> <li>• Arranges cover for duties with colleagues.</li> <li>• Flexible - ability to change in the face of a valid argument.</li> </ul> <p><b>C: referral</b></p> <ul style="list-style-type: none"> <li>• Knowledge of roles &amp;</li> </ul>					<p><b>Performance</b></p> <p><b>A: communication</b></p> <ul style="list-style-type: none"> <li>• Able to bring together views for a common goal.</li> </ul> <p><b>B: team working</b></p> <ul style="list-style-type: none"> <li>• Anticipates problems for next shift &amp; takes pre-emptive action.</li> <li>• Able to lead and facilitate team meetings.</li> <li>• Able to facilitate change.</li> <li>• Team goal is put before personal agenda.</li> <li>• Able to facilitate the development of colleagues.</li> </ul> <p><b>C: referral</b></p> <ul style="list-style-type: none"> <li>• Where appropriate feeds back to specialists views on the quality of their care.</li> </ul>	

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## Modernising Medical Careers

### Working with Colleagues – Team working, C: referral *(continued from previous page)*

requests for a second opinion. <ul style="list-style-type: none"><li>• Refers patients for care which they should be able to provide.</li><li>• Does not provide information in a referral that enables the second opinion to give appropriate advice.</li></ul>	responsibilities of team members & other professionals in patient care, able to involve them in care appropriately. <ul style="list-style-type: none"><li>• Accompanies referrals with the information needed by the second opinion to make an appropriate and efficient evaluation of the patients problem.</li></ul>	
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*Intentionally blank area*

Modernising Medical Careers

4	Score	<b>Working with Colleagues - team working</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

## Modernising Medical Careers

5	<b>Teaching and Training</b>							
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <p><b>Teaching</b></p> <ul style="list-style-type: none"> <li>• No interesting teaching, mentoring and/or supervising more junior doctors / medical students.</li> <li>• Few teaching skills.</li> </ul> <p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>• Absent themselves at the last minute, poor preparation and structure.</li> </ul>		<p><b>Competence</b></p> <p><b>Teaching</b></p> <ul style="list-style-type: none"> <li>• Beginning to develop teaching skills, supervising more junior doctors &amp; medical students.</li> </ul> <p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>• Gives presentations to small groups e.g. journal club.</li> </ul>			<p><b>Performance</b></p> <p><b>Teaching</b></p> <ul style="list-style-type: none"> <li>• Actively involved in teaching, enthusiastic, able to motivate.</li> <li>• Clear demonstration of teaching skills</li> </ul> <p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>• Confident, embraces new technology.</li> <li>• Able to present material using different media.</li> </ul>			
	Score	Evidence (Cross reference to Portfolio)						
1 <sup>st</sup> Post .....								
2 <sup>nd</sup> Post .....								
3 <sup>rd</sup> Post .....								

## Modernising Medical Careers

6	<b>Probity / professional behaviour: trust worthiness, honesty, confidentiality, ethics, dress code, manners, punctuality, time management</b>							
1	2	3	4	5	6	7	8	9
<p><b>Incompetence</b></p> <ul style="list-style-type: none"> <li>• Poor attitude / approach in above areas, possible concerns...</li> <li>• Fails to make care of patient first concern.</li> <li>• Own beliefs prejudice care.</li> <li>• Abuses position as doctor.</li> <li>• Seeks inappropriate personal gain in pursuit of practice.</li> <li>• Carelessly attaches own name to certificates or documents.</li> <li>• Provides false information on such documents.</li> <li>• Persistently failing to cope with own work, despite advice, support and extra clinical help.</li> <li>• Fails to involve patients in decision making.</li> </ul>		<p><b>Competence</b></p> <ul style="list-style-type: none"> <li>• Reasonable approach / attitudes in above areas.....</li> <li>• Recognises own limitations - seeks advice if unsure.</li> <li>• Accepts professional regulation.</li> <li>• Punctual.</li> <li>• Attends to detail.</li> <li>• Respects living wills &amp; advance directives.</li> <li>• Knowledge of legal responsibilities &amp; ability to complete death certificates.</li> <li>• Only shares clinical information, whether spoken or written, with appropriate individuals or groups.</li> <li>• Needs occasional help with organisation and prioritisation of tasks.</li> <li>• Mostly re-prioritises appropriately and usually calls for help when falling behind.</li> </ul>					<p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• Excellent attitude / approach in above areas, a credit to the profession. Coaches F1 trainees in these attitudes.</li> <li>• Patient care a priority.</li> <li>• Seeks constructive criticism &amp; changes performance as a result.</li> <li>• Fosters trust amongst others &amp; promotes sensitivity to others feelings &amp; needs.</li> <li>• Prioritises and re-prioritises appropriately.</li> <li>• Delegates or calls for help in a timely fashion when he/she is falling behind.</li> </ul>	

Modernising Medical Careers

6	Score	<b>Probity / professional behaviour</b> Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

## 7 Health

This section should be used if there are any health issues which have influenced the doctor's progress in the foundation programme.

	Score	Evidence (Cross reference to Portfolio)
1 <sup>st</sup> Post .....		
2 <sup>nd</sup> Post .....		
3 <sup>rd</sup> Post .....		

## **Specialty Specific Competencies**

Record and competencies acquired which are not part of the generic curriculum but have relevance to your development as a doctor

**Specialty Specific Competencies** *continued from previous page*

**Specialty Specific Competencies** *continued from previous page*

**Specialty Specific Competencies** *continued from previous page*

**Specialty Specific Competencies** *continued from previous page*

**Specialty Specific Competencies** *continued from previous page*