



# THE COLLEGE OF EMERGENCY MEDICINE

Common Competences  
For Emergency Medicine

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## Glossary of terms

### Clinical terms

AAA	Abdominal aortic aneurysm
ASD	Atrial septal defect
ALS	Advanced Life Support
APLS	Advanced Paediatric Life Support
ATLS	Advanced Trauma Life Support
BBN	Breaking Bad News
BE	Base excess
BIS	Bispectral index
BLS	Basic Life Support
BMI	Body Mass index
BNF	British National Formulary
BP	Blood pressure
CFAM	Cerebral function analysis monitor
CFM	Cerebral function monitor
CO <sub>2</sub>	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
CPEX	Cardiopulmonary exercise testing
CSF	Cerebrospinal fluid
CSM	Committee on Safety of Medicines
CT	Computed Tomography
CVP	Central venous pressure
DNAR	Do Not Attempt Resuscitation
DVT	Deep vein thrombosis
ECG	Electrocardiogram
ED	Emergency Department
EMG	Electromyogram
EMUS	Emergency Medicine Ultrasound
ENT	Ear, Nose and Throat
ENP	Emergency Nurse Practitioner
EP	Emergency Physician
FAST	Focussed Assessment with Sonography in Trauma
GCS	Glasgow Coma Score
GHB	Gamma hydroxy butyrate
GU	Genitourinary
Hb	Haemoglobin
IPPV	Intermittent positive pressure ventilation
IRMER	Ionising Radiation (Medical Exposure) Regulations
LiDCO™	Lithium indicator dilution cardiac output
MAC	Minimum alveolar concentration
MH	Malignant hyperpyrexia
MINAP	Myocardial Ischaemia National Audit Project
MRI	Magnetic resonance imaging
NAI	Non-accidental injury
Ng	Nasogastric
NO	Nitric oxide
NSAID	Non-steroidal anti-inflammatory drug
OT	Occupational Therapy

PALS	Patient Advice and Liaison Service
PAMS	Professions Allied to Medicine
PE	Pulmonary embolus
PGD	Patient Group Directions
PFO	Patent foramen ovale
PPCI	Primary Percutaneous Coronary Intervention
PONV	Post-operative nausea and vomiting
PSI	Pounds per square inch
PT	Physiotherapy
ROSC	Return of spontaneous circulation
RS	Respiratory system
RSI	Rapid sequence induction
SpO <sub>2</sub>	Saturation of haemoglobin with oxygen
SSRI	Selective serotonin receptor inhibitor
STEMI	ST elevation myocardial infarction
SVP	Saturated vapour pressure
TSC	Training Standards Committee
VSD	Ventricular septal defect
WCC	White cell count

## Educational and organisational terms

ACCS	Acute Care Common Stem
ACF	Academic Clinical Fellow
ACL	Academic Clinical Lecturer
AIM	Acute Internal Medicine
AM	Acute Medicine - in context of a setting
AMU	Acute medical unit
ASA	American Society of Anesthesiologists
ATLS	Advanced Trauma Life Support
BTS	British Thoracic Society
CCT	Certificate of Completion of Training
CDU	Clinical Decision Unit
CEM	College of Emergency Medicine
CESR CP	Certificate of Eligibility for Specialist Registration through the Combined Programme
CICA	Criminal Injuries Compensation Authority
CRM	Crew resource management
CST	Core Specialty Training
CTR	Clinical Topic Review
E&E	Education and Examinations Committee
EM	Emergency Medicine
FCEM	Fellowship Examination of the College of Emergency Medicine
GIM	General Internal Medicine
GIM(Acute)	That part of GIM associated with the Acute Medical take
GMC	General Medical Council
GMP	Good Medical Practice
HST	Higher Specialty Training
IAC	Initial assessment of competence
IT	Information technology
JRCPTB	Joint Royal Colleges of Physicians Training Board
LEP	Local education provider
MCEM	Membership Examination of the College of Emergency Medicine
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
PEM	Paediatric Emergency Medicine
Ref	Reference
SASM	Scottish Audit of Surgical Mortality
TARN	Trauma Audit and Research Network
WBA or WPBA	Workplace based Assessment

## **Assessment Method Glossary**

AA	Audit Assessment
ACAT	Acute Care Assessment Tool
C	Case Based Discussion (CBD)
D	Direct observation of procedural skills (DOPS)
E	Examination
L	Life support course
Mi or A	Mini-clinical evaluation exercise or anaesthesia clinical evaluation exercise (Mini-CEX or Anaes-CEX)
M	Multi-source feedback (MSF)
PS	Patient Survey
S	Simulation
TO	Teaching Observation
W	Web based, ENLIGHTENme Hub and Knowledge Bank <a href="http://www.enlightenme.org/">http://www.enlightenme.org/</a>

## **GMP domain headings**

GMP 1	Knowledge, skills and performance
GMP 2	Safety and quality
GMP 3	Communication, partnership and teamwork
GMP 4	Maintaining trust

## 1. Introduction

Emergency Medicine (EM) is a rapidly expanding and exciting specialty concerned with the initial diagnosis and management of the acute and urgent aspects of illness and injury affecting patients of all age groups with the full spectrum of undifferentiated physical and behavioural disorders. It is the specialty in which time is critical.

Emergency Physicians are able to look after patients with a wide range of pathologies from the life-threatening to the self-limiting.

- They are experts in identifying the critically ill and injured, providing safe and effective immediate care.
- They are expert in resuscitation and skilled in the practical procedures needed.
- They establish the diagnosis and differential diagnosis rapidly, and initiate or plan for definitive care.
- They work with all the in-patient specialties as well as primary care and pre-hospital services.
- They are able to correctly identify who needs admission and who can be safely sent home.

EM is practiced in the challenging environment of the Emergency Department. The Emergency Physician is an excellent communicator and team player as well as a leader who is able to get the best out of the people he or she works with.

The Emergency Department (ED) is at the heart of Emergency Medicine and care is delivered in a number of different areas: the resuscitation room, assessment area, 'majors' area and ambulatory care sections. Departments have dedicated facilities and staff for children. EDs also have observation wards/clinical decision units where further care and testing take place under the guidance of the Emergency Physician, in order to determine which patients may be safely discharged and those that need further in-patient care. Emergency Physicians must be able to effectively supervise these areas and ensure safe and timely care.

It is intended that all future Emergency Physicians join the Emergency Medicine training programme at year one of the Acute Care Common Stem programme, thus ensuring that all future specialists have a standard level of training in critical care, acute internal medicine and anaesthesia as well as EM.

This curriculum sets out the intended aims and objectives, content, experiences, outcomes and processes of the educational programme intended to provide Emergency Physicians with the knowledge and expertise to be safe, expert and independent practitioners functioning at consultant level within the UK NHS and in the Republic of Ireland.

The changing nature of the practice of Emergency Medicine has also been reflected in the curriculum with increasing emphasis on the critical care aspects of EM, airway care, and diagnostic testing.

The four domains of Good Medical Practice have been mapped to the curriculum, indicating those skills and behaviours that Emergency Physicians need to be effective and to communicate with patients, carers and their families, and how these will be assessed.

## **2. Content of learning**

### **1.1.1 Common Competences CT1-ST6**

#### **Generic competences for Emergency Medicine - core to higher and continuing practice level**

The common competences are those that should be acquired by all doctors during their training period starting at the undergraduate level and developed throughout their postgraduate career.

#### **Assessment of acquisition of the common competences**

At the end of the first three years of EM training (CT1-3) trainees are expected to demonstrate competence to at least level two descriptors prior to progression into specialty training. Further assessment will be undertaken as outlined by the various workplace based assessments listed.

For higher trainees and consultants in EM, competence to level 4 is expected.

#### **Emergency Medicine context**

This section of the curriculum also gives specific examples or contexts for the competences in the Emergency Department at different levels from CT1 to consultant.

Additionally, examples of leadership competences in each domain for Emergency Physicians are given – trainees would be expected to have competences in all domains of leadership with some evidence in setting strategic direction. These lists of examples are not exhaustive but are meant to indicate where there are specific behaviours that will illustrate the trainee’s acquisition of the competences described in the main section.

Trainees should be able to demonstrate the competences in the main section at the appropriate level, in addition to Emergency Department-specific competences where relevant.

#### **Assessment of leadership competences - based on the Medical Leadership Competency Framework**

Many of the competences in the leadership sections are assessed within the management portfolio (indicated by \*) or by ACATs (\*\*) or in the trainee’s personal portfolio (\*\*\*). There are multiple other formative assessment tools being developed to



assess leadership in the ED and it is expected that the results of these are used to form a general view of leadership skills prior to validation of such tools.

The first three common competences cover the simple principles of history taking, clinical examination and therapeutics and prescribing. These are competences with which the specialist trainee 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 all competences to the highest descriptor level early in their specialty training career.

## CC1 History taking

To progressively develop the ability to obtain a relevant focused history from increasingly complex patients and challenging circumstances. To record accurately and synthesise history with clinical examination and formulation of management plan according to likely clinical evolution		
Knowledge	Assessment Methods	GMP Domains
Recognise the importance of different elements of history	E, Mi	1
Recognise the importance of clinical, psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability	Mi	1
Recognise that patients do not present history in structured fashion	E, Mi, ACAT	1, 3
Know likely causes and risk factors for conditions relevant to mode of presentation	E, Mi, C, ACAT	1
Recognise that history should inform examination, investigation and management	E, Mi, C, ACAT	1
Skills		
Identify and overcome possible barriers to effective communication	Mi, C, ACAT	1, 3
Manage time and draw consultation to a close appropriately	Mi, C, ACAT	1, 3
Supplement history with standardised instruments or questionnaires when relevant	Mi, C, ACAT	1
Manage alternative and conflicting views from family, carers and friends	Mi, C, ACAT	1, 3
Assimilate history from the available information from patient and other sources	Mi, C, ACAT	1, 3
Recognise and interpret the use of non-verbal communication from patients and carers	Mi, C, ACAT	1, 3
Focus on relevant aspects of history	Mi, C, ACAT	1, 3

Behaviours		
Show respect and behave in accordance with <i>Good Medical Practice</i>	Mi, C, ACAT	3, 4
Level Descriptor		
1	<p>Obtains, records and presents accurate clinical history relevant to the clinical presentation</p> <p>Elicits most important positive and negative indicators of diagnosis</p> <p>Starts to ignore irrelevant information</p>	
2	<p>Demonstrates ability to obtain relevant focused clinical history in the context of limited time e.g. outpatients, ward referral</p> <p>Demonstrates ability to target history to discriminate between likely clinical diagnoses</p> <p>Records patient relevant information in most informative fashion</p>	
3	<p>Demonstrates ability to rapidly obtain relevant history in context of severely ill patients</p> <p>Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives</p> <p>Demonstrates ability to keep interview focused on most important clinical issues</p>	
4	<p>Able to quickly focus questioning to establish working diagnosis and relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment</p>	
Emergency department context		
1	<p>Obtains history (including children and the elderly) in all common emergencies</p> <p>Identifies when to focus history to immediate life-threatening symptoms</p> <p>Starts to focus history to relevant items for emergency management</p>	
2	<p>Demonstrates focused history taking in all emergency situations</p> <p>Recognises common symptom patterns and red flag symptoms in all emergency situations</p>	

3	<p>Develops the skill of incremental history taking over the period of a resuscitation</p> <p>Able to take a history and complete immediate resuscitation</p> <p>Further defines skills of information gathering in the following circumstances:</p> <p>Mechanism of injury in major trauma, multiple re-attendances, multiple patients with serious injuries,</p> <p>Avoids bias in multiple re-attenders</p>
4	<p>Able to take competent history in children of all ages, through an interpreter or through third parties (e.g. GP, ambulance service)</p> <p>Supports the development and refinement of history skills in trainees and other healthcare practitioners</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Is prepared to return for further clarification in the light of unexpected variance or lack of clinical progress
Working with others	<p>Promotes effective history taking as a means of diagnosis in the emergency department</p> <p>Provides role modelling for history taking within the ED</p> <p>Participates in notes review with colleagues to reflect on history taking skills ***</p>
Managing the service	Adapts history taking style in response to surges in activity or acuity of patients
Improving services	Uses board rounds and other situational learning opportunities to encourage reflection on information gathered and relevance to clinical care **
Setting direction	Uses notes review to improve patient care, uses notes review to develop departmental proforma to maximise information ***

## CC2 Clinical examination

<p>To progressively develop the ability to perform focused and accurate clinical examination in increasingly complex patients and challenging circumstances</p> <p>To relate physical findings to history in order to establish diagnosis and formulate a management plan</p>		
Knowledge	Assessment Methods	GMP Domains
Understand the need for a valid clinical examination	E, Mi, C, ACAT	1
Understand the basis for clinical signs and the relevance of positive and negative physical signs	E, Mi, C, ACAT	1
Recognise constraints to performing physical examination and strategies that may be used to overcome them	E, Mi, C, ACAT	1
Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	E, Mi, C, ACAT	1
Skills		
Perform an examination relevant to the presentation and risk factors that is valid, targeted and time-efficient	E, Mi, C, ACAT	1
Recognise the possibility of deliberate harm in vulnerable patients and report to appropriate agencies	E, Mi, C, ACAT	1, 2
Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors	Mi, C	1
Actively elicit important clinical findings	E, Mi, C, ACAT	1
Perform relevant adjunctive examinations	E, Mi, C, ACAT	1
Behaviours		
Show respect and behaves in accordance with <i>Good Medical Practice</i>	Mi, C, PS	1, 4

Level Descriptor	
1	<p>Performs, accurately records and describes findings from basic physical examination</p> <p>Elicits most important physical signs</p> <p>Uses and interprets findings adjuncts to basic examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow</p>
2	<p>Performs focused clinical examination directed to presenting complaint e.g. cardio-respiratory, abdominal pain</p> <p>Actively seeks and elicits relevant positive and negative signs</p> <p>Uses and interprets findings from adjuncts to basic examination e.g. electrocardiography, spirometry, ankle brachial pressure index</p>
3	<p>Performs and interprets relevance advanced focused clinical examination e.g. assessment of less common joints, neurological examination</p> <p>Elicits subtle findings</p> <p>Uses and interprets findings of advanced adjuncts to basic examination e.g. sigmoidoscopy, FAST ultrasound, echocardiography</p>
4	<p>Rapidly and accurately performs and interprets focused clinical examination in challenging circumstances e.g. acute medical or surgical emergency</p>
Emergency department context	
1	<p>Able to effectively examine patients in all non-critical situations</p>
2	<p>Adapts examination technique to the clinical situation</p> <p>Recognise common examination findings that confirm the diagnosis in common emergency situations</p>
3	<p>Able to examine patients whilst undertaking resuscitation</p>
4	<p>Able to examine children of all ages, and to conduct examination of patients with language or other communication difficulties</p> <p>Support the development and refinement of examination skills in trainees and other healthcare practitioners</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Conducts examination sympathetically, respecting the privacy and culture of others
Working with others	Provides role modelling for complete examination within the ED Participates in notes review with colleagues to reflect on examination skills
Managing the service	Adapts examination style in response to surges in activity or acuity of patients
Improving services	Conducts Mini-CEX and provides feedback to enhance the skills of others **
Setting direction	Ensures adequate equipment to provide adjuncts to clinical examination – including auroscopes, ophthalmoscopes etc Develops processes for ensuring equipment is available and in working condition *

### CC3 Therapeutics and safe prescribing

To progressively develop your ability to prescribe, review and monitor appropriate medication relevant to clinical practice including therapeutic and preventative indications		
Knowledge	Assessment Methods	GMP Domains
Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	E, Mi, C, ACAT	1
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	E, Mi, C, ACAT	1
Recall drugs requiring therapeutic drug monitoring and interpret results	E, Mi, C, ACAT	1
Outline tools to promote patient safety and prescribing, including IT systems	Mi, C, ACAT	1, 2
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee's practice	E, Mi, C, ACAT	1, 2
Recognise 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), and Healthcare Products Regulatory Agency and hospital formulary committees)	Mi, C, ACAT	1, 2
Skills		
Review the continuing need for long term medications relevant to the trainee's clinical practice	E, Mi, C, ACAT	1, 2
Anticipate and avoid defined drug interactions, including complementary medicines	E, Mi, C, ACAT	1
Advise patients (and carers) about important interactions and adverse drug effects	E, Mi, C, ACAT	1, 3
Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	E, Mi, C, ACAT	1
Use IT prescribing tools where available to improve safety	E, Mi, C, ACAT	1, 2



Employ validated methods to improve patient concordance with prescribed medication	E, Mi, C, ACAT	1, 3
Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines	E, Mi, C, ACAT	1, 3
<b>Behaviours</b>		
Recognise the benefit of minimising number of medications taken by a patient	Mi, C, ACAT	1
Appreciate the role of non-medical prescribers	Mi, C, ACAT	1, 3
Remain open to advice from other health professionals on medication issues	Mi, C, ACAT	1, 3
Recognise the importance of resources when prescribing, including the role of a drug formulary	Mi, C, ACAT	1, 2
Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	C, ACAT	1, 3
Remain up to date with therapeutic alerts, and respond appropriately	C, ACAT	1
<b>Level Descriptor</b>		
1	<p>Understands the importance of patient concordance with prescribed medication</p> <p>Outlines the adverse effects of commonly prescribed medicines</p> <p>Uses reference works to ensure accurate, precise prescribing</p>	
2	<p>Takes advice on the most appropriate medicine in all but the most common situations</p> <p>Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individuals care</p> <p>Knows indications for commonly used drugs that require monitoring to avoid adverse effects</p> <p>Modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition</p> <p>Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care</p>	

	<p>Maximises patient compliance by providing full explanations of the need for the medicines prescribed</p> <p>Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty</p> <p>Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date</p> <p>Knows how to report adverse effects and takes part in this mechanism</p>
3/4	<p>Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally</p> <p>Ensures that resources are used in the most effective way for patient benefit</p>
<b>Emergency department context</b>	
1	<p>Completes comprehensive and accurate drug history for all patients in the ED</p> <p>Considers drug interactions and side effects as cause or contributing factors in all presentations in the ED</p> <p>Follows departmental or hospital guidelines in prescribing in the ED</p> <p>Ensures primary care informed of any changes or additions to medications for a given patient</p>
2	<p>Reports adverse effects where responsible for acute presentation</p> <p>Gives appropriate advice and documents advice given for take home medication</p> <p>Uses Toxbase, and electronic BNF for advice where necessary to inform decisions on drug related presentations</p>
3	<p>Is able to identify medications from overseas and translate to relevant UK equivalent</p> <p>Able to prescribe methadone safely for drug users who are admitted to the hospital</p>

4	<p>Ensures non-proprietary drugs are prescribed where possible</p> <p>Takes the opportunity to review poly-pharmacy and discuss with the GP</p> <p>Able to prescribe safely for children in the emergency situation</p> <p>Supervises other trainees in prescribing, drawing attention to altered dosages required or consideration of interactions where appropriate</p> <p>Able to prescribe safely for rapid chemical tranquillisation</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	<p>Avoids judgemental behaviours in prescribing for drug users</p> <p>Empathic to patients in pain regardless of perceived level of stimulus</p>
Working with others	<p>Supports colleagues in prescribing dilemmas and difficulties</p> <p>Supports the development of PGDs where relevant *</p> <p>Undertakes supervision of nurse prescribing students ***</p>
Managing the service	Undertakes audits of drug prescribing against Trust or departmental guidelines ***
Improving services	Reviews stock and makes suggestions for appropriate stock lists and levels *
Setting direction	Introduces new drugs with evidence-based rationale and business plan *

This part of the generic competences relate to direct clinical practise; the importance of placing patient needs at the centre of care and of promotion of patient safety, team working, and high quality infection control. Many of these competences will have been acquired during the Foundation programme and core training but as part of the maturation process for the Emergency Physician 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.

#### CC4 Time management and decision making

To become increasingly able to prioritise and organise clinical and administrative duties in order to optimise patient care. To become increasingly able to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team		
Knowledge	Assessment Methods	GMP Domains
Understand that organisation is key to time management	C, ACAT	1
Understand that some tasks are more urgent or more important than others	E, Mi, C, ACAT	1
Understand the need to prioritise work according to urgency and importance	E, Mi, C, ACAT	1
Understand that some tasks may have to wait or be delegated to others	C, ACAT	1
Outline techniques for improving time management	C, ACAT	1
Understand the importance of prompt investigation, diagnosis and treatment in disease management	E, Mi, C, ACAT	1, 2
Skills		
Identify clinical and clerical tasks requiring attention or predicted to arise	Mi, C, ACAT	1, 2
Estimate the time likely to be required for essential tasks and plan accordingly	Mi, C, ACAT	1
Group together tasks when this will be the most effective way of working	Mi, C, ACAT	1
Recognise the most urgent / important tasks and ensure that they are managed expediently	Mi, C, ACAT	1
Regularly review and re-prioritise personal and team workload	Mi, C, ACAT	1
Organise and manage workload effectively	Mi, C, ACAT	1

Behaviours		
Ability to work flexibly and deal with tasks in an effective fashion	ACAT, C, PS	3
Recognise when you or others are falling behind and take steps to rectify the situation	ACAT, C, PS	3
Communicate changes in priority to others	ACAT, PS	1
Remain calm in stressful or high pressure situations and adopt a timely, rational approach	ACAT, PS	1
Level Descriptor		
1	<p>Recognises the need to identify work and compiles a list of tasks</p> <p>Works systematically through tasks with little attempt to prioritise</p> <p>Needs direction to identify most important tasks</p> <p>Sometimes slow to perform important work</p> <p>Does not use other members of the clinical team</p> <p>Finds high workload very stressful</p>	
2	<p>Organises work appropriately but does not always respond to or anticipate when priorities should be changed</p> <p>Starting to recognise which tasks are most urgent</p> <p>Starting to utilise other members of the clinical team but not yet able to organise their work</p> <p>Requires some direction to ensure that all tasks completed in a timely fashion</p>	
3	<p>Recognises the most important tasks and responds appropriately</p> <p>Anticipates when priorities should be changed</p> <p>Starting to lead and direct the clinical team in an effective fashion</p> <p>Supports others who are falling behind</p> <p>Requires minimal organisational supervision</p>	

4	<p>Automatically prioritises and manages workload in the most effective fashion</p> <p>Communicates and delegates rapidly and clearly</p> <p>Automatically responsible for organising the clinical team</p> <p>Calm leadership in stressful situations</p>
<b>Emergency department context</b>	
1	<p>Can manage more than one patient at a time in the ED</p> <p>Able to prioritise sick patients</p> <p>Completes required assessments before ARCP</p>
2	<p>Ensures all discharge summaries/diagnoses are completed during the shift</p> <p>Manages more than 2 majors/assessment patients and 4 minors at any one time</p> <p>Makes disposal decisions within 30 minutes of completion of examination or seeks help to make decision</p> <p>Able to recognise need to commence resuscitation before full history and examination</p> <p>Able to complete additional audit/research at suggested points in year</p>
3	<p>Delegates some tasks or adopts teamwork strategy to complete tasks where appropriate</p> <p>Completes CTR at least three months before closing date</p> <p>Offers to help others where deadlines slipping</p> <p>Allocates staff appropriately to deal with surges in demand</p>
4	<p>Manages whole team to meet demand with minimal delays</p> <p>Responds to staffing shortages with appropriate actions to minimise risk to patient flow</p> <p>Changes pace and approach to patients in queue during periods of maximal demand</p> <p>Adopts more teaching style during periods of low demand</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Remains calm during resuscitation *** Remains calm during periods of maximal demand ** Maintains same level of safe assessment and management regardless of demand
Working with others	Recognises signs of stress in others and takes action to support including re-allocation of tasks, and delegation **
Managing the service	Maintains an overview of work streams in department ** Maximises use of other professions to reduce waits in a safe and appropriate way **
Improving services	Undertakes review of rotas and patient attendances, matching demand with staffing Reviews decision making by audit of unexpected events, missed diagnoses and delays in patient care, and develops actions plans for improvement *
Setting direction	Develops business case for additional consultant or nursing staff * Promotes consultant-based service Is proactive in reviewing high risk patients for trainees **

## CC5 Decision making and clinical reasoning

To progressively develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available		
To progressively develop the ability to prioritise the diagnostic and therapeutic plan		
To be able to communicate the diagnostic and therapeutic plan appropriately		
Knowledge	Assessment Methods	GMP Domains
Define the steps of diagnostic reasoning	Mi, C, ACAT	1
Interpret history and clinical signs	E, Mi, C, ACAT	1
Conceptualise clinical problem	E, Mi, C, ACAT	1
Generate hypothesis within context of clinical likelihood	E, Mi, C, ACAT	1
Test, refine and verify hypotheses	E, Mi, C, ACAT	1
Develop problem list and action plan	Mi, C, ACAT	1
Recognise how to use expert advice, clinical guidelines and algorithms	E, Mi, C, ACAT	1
Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	E, Mi, C, ACAT	1, 2
Define the concepts of disease natural history and assessment of risk	E, Mi, C, ACAT	1
Recall methods and associated problems of quantifying risk e.g. cohort studies	E, Mi, C, ACAT	1
Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	E, Mi, C, ACAT	1
Describe commonly used statistical methodology	E, Mi, C, ACAT	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	E, Mi, C, ACAT	1



<b>Skills</b>		
Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	C, ACAT	1
Recognise critical illness and respond with due urgency	C, ACAT	1
Generate plausible hypothesis(es) following patient assessment	C, ACAT	1
Construct a concise and applicable problem list using available information	C, ACAT	1
Construct an appropriate management plan and communicate this effectively to the patient, parents and carers where relevant	C, ACAT	1, 3, 4
Define the relevance of an estimated risk of a future event to an individual patient	C, ACAT	1
Use risk calculators appropriately	C, ACAT	1
Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient	C, ACAT	1
Search and comprehend medical literature to guide reasoning	AA, C	1
<b>Behaviours</b>		
Recognise the difficulties in predicting occurrence of future events	E, C, Mi, ACAT	1
Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	E, ACAT, C, Mi	3
Be willing to facilitate patient choice	E, C, Mi, ACAT	3
Show willingness to search for evidence to support clinical decision making	E, C, Mi, ACAT	1, 4
Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning	E, C, Mi, ACAT	1, 3

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

Emergency department context	
1	<p>Records differential and final working diagnosis in all patients</p> <p>Is selective in using investigations in standard cases and records the results in all cases</p> <p>Documents and acts on patient's wishes</p>
2	<p>States reason for investigations where used</p> <p>Recognises unexpected abnormalities and seeks help in interpretation</p> <p>Selective differential diagnosis offered in most standard cases</p> <p>Recognises need to access hospital notes in long term conditions</p>
3	<p>In complex cases – provides most likely diagnoses and follows explicit rule in/rule out strategy for investigations</p> <p>Selects treatments for most likely diagnoses rather than treating all possibilities</p> <p>Uses common emergency medicine calculators to enhance risk assessment and decision making</p>
4	<p>Adjusts differential diagnosis in the light of results of investigations</p> <p>Offers alternative diagnoses to others during supervision and supports them in rule in / rule out strategy</p> <p>Uses full range of decision making strategies (intuitive, analytical, heuristic, causal etc) in response to different presentations</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	<p>Avoids pre-assessment bias arising from nurse assessment, or other factors</p> <p>Demonstrates awareness of possibility of other bias in diagnostic reasoning</p>
Working with others	<p>Supports other trainees in rational use of investigations and decision making **</p> <p>Ensures others consider important alternative diagnoses where high risk presentations **</p>

<p>Managing the service</p>	<p>Accepts working diagnosis and acts in patient's best interest</p> <p>Responds to missed diagnoses by appropriate investigation and action plans</p> <p>Ensures action plans from unplanned events are completed *</p>
<p>Improving services</p>	<p>Provides training in decision making for doctors and nurse practitioners ***</p> <p>Ensures decision support tools are available where appropriate ***</p> <p>Enables access to online calculators *</p>
<p>Setting direction</p>	<p>Promotes patient choice and provides information for trainees on legal framework around capacity and choice</p>

## CC6 The patient as central focus of care

Prioritises the patient's wishes encompassing their beliefs, concerns expectations and needs		
Knowledge	Assessment Methods	GMP Domains
Recall health needs to deal appropriately with diverse patient groups including those such as learning disabled, elderly, refugees and non-English speaking	E, C, Mi, ACAT	1
Skills		
Give adequate time for patients to express ideas, concerns and expectations	E, C, ACAT	1, 3, 4
Respond to questions honestly and seek advice if unable to answer	E, C, ACAT	3
Encourage the health care team to respect the philosophy of patient-focused care	E, C, ACAT	3
Develop a self-management plan including investigation, treatments and requests/instructions to other healthcare professionals, in partnership with the patient	E, C, ACAT	1,3
Support patients, parents and carers where relevant to comply with management plans	E, C, ACAT, PS	3
Encourage patients to voice their preferences and personal choices about their care	E, C, ACAT, PS	3
Behaviours		
Support patient self-management	Mi, C, ACAT, PS	3
Recognise the duty of the medical professional to act as patient advocate	Mi, C, ACAT, PS	3, 4
Level Descriptor		
1	<p>Responds honestly and promptly to patient's questions but knows when to refer for senior help</p> <p>Recognises the need for different approaches to individual patients</p>	

2	Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope
3	Deals rapidly with more complex situations, promotes patient's self care and ensures all opportunities are outlined
4	Is able to deal with all cases to outline patient self-care and to promote the provision of this when it is not readily available

### Emergency department context

1	<p>Provides information for patients on discharge including expected recovery time and impact on ability to work for common conditions e.g. ankle sprain</p> <p>Recognises the impact of the condition on the patient e.g. ability to drive</p> <p>Gives patient copies of the letter to GP</p> <p>Appreciates ethnic or cultural concentrations in local population and attempts to gain knowledge relating to differences which affects clinical management plans</p>
2	<p>Recognises the Gillick-competent adolescent and adjusts care accordingly</p> <p>Is able to make an appropriate assessment of capacity in adults and takes appropriate steps to manage/treat patients who lack capacity, including consulting with relatives/carers where possible.</p> <p>Supports patients returning to work, including use of physiotherapy services, recognising the negative impact of not working</p>
3	<p>Discusses alternative management options with patients who decline conventional treatment</p> <p>Deals with patient's beliefs in sympathetic manner including requests for female doctor</p>
4	<p>Effectively promotes self-care to 'worried well' patients avoiding unnecessary investigations and treatments</p> <p>Accepts patient views and does not try to change – including self-discharge after overdose or life-threatening conditions</p> <p>Recognises that patients may not need to be 100% fit in order to return to work</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Remains empathic to patients who challenge medical dogma
Working with others	Supports nurses and junior trainees in discharging the 'worried well' ** Acts as patient advocate in end of life decisions or DNAR dilemmas, liaising with critical care and other specialties to ensure best outcome for individual patients
Managing the service	Accepts and investigates complaints recognising the patient viewpoint * Promotes patient survey and acts on results of survey *
Improving services	Invites patient representative review of departmental processes and pathways Attends or ensures engagement with local patient groups ***
Setting direction	Defines departmental philosophy to place patient at the centre of care and actively promotes

## CC7 Prioritisation of patient safety in clinical practice

<p>To understand that patient safety depends on the organisation of care and healthcare staff working well together</p> <p>To never compromise patient safety</p> <p>To understand the risks of treatments and to discuss these honestly and openly with patients so that patients are able to make informed decisions about risks</p> <p>Ensure that all staff are aware of risks and work together to minimise risk</p>		
Knowledge	Assessment Methods	GMP Domains
Outline the features of a safe working environment	Mi, C, ACAT	1
Outline the hazards of medical equipment in common use	Mi, C, ACAT	1
Recall side effects and contraindications of medications prescribed	E, Mi, C, ACAT	1
Recall principles of risk assessment and management	C	1
Recall the components of safe working practice in personal, clinical and organisational settings	C, ACAT	1
Recall local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	Mi, C, ACAT	1
Recall the NHS and regulatory procedures when there is concern about performance of the members of the healthcare team	Mi, C, ACAT	1,2
Skills		
Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so	Mi, C, ACAT	1
Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	Mi, C, ACAT	1
Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	Mi, C, ACAT	1, 3
Sensitively counsel a colleague following a significant event, or near miss incident, to encourage improvement in practice of individual and unit	C, ACAT	3



Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly	Mi, C, ACAT, M	1
<b>Behaviours</b>		
Continue to maintain a high level of safety awareness at all times	Mi, C, ACAT	2
Encourage feedback from all members of the team on safety issues	Mi, C, ACAT, M	3
Show willingness to take action when concerns, including both clinical and non-clinical aspects e.g. bullying, are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others	Mi, C, ACAT M	3
Continue to be aware of one's own limitations, and operate within them competently	Mi, C, ACAT	1
<b>Level Descriptor</b>		
1	<p>Discusses risks of treatments with patients and is able to help patients make informed decisions about their treatment</p> <p>Does not hurry patients into decisions</p> <p>Promotes patient's safety to more junior colleagues</p> <p>Always ensures the safe use of equipment. Follows guidelines unless there is a clear reason for doing otherwise</p> <p>Acts promptly when a patient's condition deteriorates</p> <p>Recognises untoward or significant events and always reports these</p> <p>Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes</p> <p>Able to undertake a root cause analysis</p>	
2	<p>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</p>	
3	<p>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 healthcare system</p>	

4	<p>Shows support for junior colleagues who are involved in untoward events</p> <p>Is fastidious about following safety protocols and encourages junior colleagues to do the same</p>
<b>Emergency department context</b>	
1	<p>Seeks training in all new equipment in the ED when starting the post</p> <p>Recognises patient deterioration and seeks help</p> <p>Reports serious untoward incidents in the ED</p>
2	<p>Seeks out local protocols in the department and follows them</p> <p>Identifies and mentions risks from faulty or missing equipment in the ED</p> <p>Identifies and requests action plans for frequent attenders or high risk patients</p>
3	<p>Undertakes a root cause analysis of serious incident</p> <p>Participates actively in risk management including X-ray report review</p> <p>Intervenes when patient is at risk – including being sent home inappropriately</p> <p>Identifies high risk patients including non-English speaking, aggressive or un-cooperative or clinically brittle conditions</p> <p>Organises the team to make maximum use of skills to ensure safe and timely assessment of all patients particularly at periods of high activity</p>
4	<p>Supports trainees and nursing staff after untoward clinical incident and debriefs appropriately</p> <p>Appropriately identifies high risk periods related to surges in activity, acuity or reduced staffing and takes appropriate action including notifying consultant</p> <p>Recognises requirement for appropriate shift handover and promotes sharing of information to plan next shift</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Appreciates risks associated with individual patient presentations Adjusts behaviour in high risk situations such as infection risk, aggressive patients,**
Working with others	Articulates and explains risk of individual patients or situations explicitly to trainees and nurses in order to ensure all staff take mitigating action e.g. HIV positive, unexpected deterioration ** Encourages reporting of incidents in the ED by staff
Managing the service	Participates in risk management meetings *** Undertakes activities to manage risk including training staff, providing new protocols or reviewing frequent attender records ***
Improving services	Conducts a risk assessment of the department focusing on a particular area such as infection control, equipment, protocols, educational records *
Setting direction	Acknowledges impact of time pressure on safety and promotes equipment for adequate time, including admitting patients for period of observation in a CDU environment Develops observational protocols for high risk patients *

## CC8 Team working and patient safety

<p>To develop the ability to work well in a variety of different teams, e.g. the ward team and the infection control team, and to contribute to discussion on the team's role in patient safety</p> <p>To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care</p>		
Knowledge	Assessment Methods	GMP Domains
Outline the components of effective collaboration	C, ACAT	1
Describe the roles and responsibilities of members of the healthcare team	C, ACAT	1
Outline factors adversely affecting a doctor's performance and methods to rectify these	C	1
Skills		
Practise with attention to the important steps of providing good continuity of care	Mi, C, ACAT	1,3,4
Accurate attributable note-keeping	Mi, C, ACAT	1, 3
Preparation of patient lists with clarification of problems and ongoing care plan	Mi, C, ACAT, M	1
Detailed handover between shifts and areas of care	Mi, C, ACAT, M	1, 3
Demonstrate leadership and management in the following areas: education and training, deteriorating performance of colleagues (e.g. stress, fatigue), high quality care, effective handover of care between shifts and teams	Mi, C, ACAT	1, 2, 3
Lead and participate in interdisciplinary team meetings	Mi, C, ACAT	3
Provide appropriate supervision to less experienced colleagues	Mi, C, ACAT, M	3

Behaviours		
Encourage an open environment to foster concerns and issues about the functioning and safety of team working	Mi, C, ACAT, M	3
Recognise and respect the request for a second opinion	Mi, C, ACAT, M	3
Recognise the importance of induction for new members of a team	Mi, C, ACAT, M	3
Recognise the importance of prompt and accurate information sharing with the Primary Care team following hospital discharge	Mi, C, ACAT, M	3
Level Descriptor		
1	<p>Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member</p> <p>Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members</p> <p>Keeps records up-to-date, legible and relevant to the safe progress of the patient</p> <p>Hands over care in a precise, timely and effective manner</p>	
2	<p>Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change</p> <p>Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams, e.g. the ward team and the infection control team, and to contribute to discussion on the team's role in patient safety</p> <p>To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better, safer care</p>	
3	<p>Leads multidisciplinary team meetings but promotes contribution from all team members</p> <p>Recognises need for optimal team dynamics and promotes conflict resolution</p> <p>Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous</p>	

4	<p>Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration</p> <p>Demonstrates ability to work with the virtual team</p> <p>Ensures that team functioning is maintained at all times</p> <p>Promotes rapid conflict resolution</p>
<b>Emergency department context</b>	
1	<p>Acts as an effective team member of trauma/cardiac arrest teams</p> <p>Maintains legible clinical record</p> <p>Completes the GP discharge letter for all patients during the shift</p> <p>Makes appropriate referrals with relevant information and successfully refers patients</p> <p>Ensures that patient safety is a core feature of team working</p>
2	<p>Acts under supervision as leader of resuscitation team</p> <p>Works with the nurse in charge to ensure patient management plans are clear and documented at all times</p> <p>Works with the reception staff to ensure patient demographics are complete and updated</p>
3	<p>Leads resuscitation team for adults and children</p> <p>Supports in-patient specialty teams including hospital-at-night team</p> <p>Undertakes induction of locum staff during shift</p> <p>Ensures handover and referral of patients on CDU /observation ward</p>
4	<p>Develops team working between ED middle grade staff including non-trainees and part time staff</p> <p>Effectively leads handover of shifts</p> <p>Seeks nurse views and support and able to delegate leadership appropriately</p> <p>Assemble and manage an unrehearsed rapidly formed team to maximise effectiveness</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	<p>Leads by example, taking on the 'routine' tasks as well as critical care patients</p> <p>Recognises and demonstrates different leadership styles where required e.g. critical care patient vs. multiple minor patients ***</p> <p>Listens to other professionals e.g. in-patient specialty medical staff and nursing staff</p>
Working with others	<p>Able to supervise others in developing leadership roles (ie CT1/2) **</p> <p>Debriefs the team in supportive manner ensuring learning for all **</p>
Managing the service	<p>Identifies colleagues with performance problems and reports in constructive way to relevant supervisor</p> <p>Seeks out other teams who may impact on the departmental safety and asks for advice e.g. infection control, critical care outreach, pharmacy, community matrons, discharge team</p>
Improving services	<p>Attends ED senior team meetings and contributes to suggestions for change</p> <p>Undertakes change management project to improve care of particular groups e.g. introducing new protocols *</p>
Setting direction	Makes suggestions for team development at junior doctor, nurse and multidisciplinary level including team exercises

## CC9 Principles of quality and safety improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety		
Knowledge	Assessment Methods	GMP Domains
Understand the elements of clinical governance	C, M	1
Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services	C, M	1, 2
Define local and national significant event reporting systems relevant to specialty	Mi, C, ACAT,	1
Recognise importance of evidence-based practice in relation to clinical effectiveness	E, C	1
Outline local health and safety protocols (fire, manual handling etc)	C	1
Understand risk associated with the trainee's specialty work including biohazards and mechanisms to reduce risk	C	1
Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainee's clinical specialty	Mi, C, ACAT,	1
Keep abreast of national patient safety initiatives including NPSA, NCEPOD reports, NICE guidelines etc	Mi, C, ACAT,	1
Skills		
Adopt strategies to reduce risk e.g. surgical pause safety checklist	ACAT, C	1, 2
Contribute to quality improvement processes – for example; <ul style="list-style-type: none"> <li>Audit of personal and departmental performance</li> <li>Errors / discrepancy meetings</li> <li>Critical incident reporting</li> <li>Unit morbidity and mortality meetings</li> <li>Local and national databases</li> </ul>	AA, C	2



Maintain a folder of information and evidence, drawn from your medical practice	C	2
Reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	AA	1, 2, 3, 4
<b>Behaviours</b>		
Participates in safety improvement strategies such as critical incident reporting	C, M	3
Engage with an open no-blame culture	C, M	3
Respond positively to outcomes of audit and quality improvement	C, M, PS	1, 3
Co-operate with changes necessary to improve service quality and safety	C, M	1, 2
<b>Level Descriptor</b>		
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services  Maintains personal portfolio	
2	Able to define key elements of clinical governance  Engages in audit	
3	Demonstrates personal and service performance  Designs audit protocols and completes audit loop	
4	Leads in review of patient safety issues  Implements change to improve service  Engages and guides others to embrace governance	

Emergency department context	
1	<p>Completes e-portfolio before ARCP</p> <p>Retains log of patients seen and reflective diary of specific cases with learning outcomes</p> <p>Uses an early warning system systematically to identify sick patients and seeks appropriate help</p>
2	<p>Completes an audit of ED patients</p> <p>Uses CEM guidelines at work</p> <p>Seeks to complete EnlightenME modules relevant to post and patients</p>
3	<p>Makes clear recommendations from audit and ensures completion of actions</p> <p>Completes or contributes to a guideline review for a specific ED topic</p>
4	<p>Ensure unexpected events are reported in the ED</p>
<b>Leadership</b>	<p>Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction</p>
Demonstrating personal qualities	<p>Uses portfolio as a learning resource to record progress and reflective practice ***</p>
Working with others	<p>Encourages case based discussions</p> <p>Contributes to clinical governance meetings including presentation of individual patients and management problems ***</p>
Managing the service	<p>Undertakes investigation of untoward clinical incident *</p>
Improving services	<p>Uses CEM guidelines or national audits to develop new models of working to meet national standards *</p>
Setting direction	<p>Contributes to Trust audit programme ensuring Trust and CEM priorities reconciled ***</p>

## CC10 Infection control

To develop the ability to manage and control infection in patients, including controlling the risk of cross-infection, appropriately managing infection in individual patients, and working appropriately within the wider community to manage the risk posed by communicable diseases		
Knowledge	Assessment Methods	GMP Domains
Understand the principles of infection control as defined by the GMC	E, Mi, C, ACAT	1
Understand the principles of preventing infection in high risk groups (e.g. antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy	E, Mi, C, ACAT	1
Understand the role of notification within the UK and identify the principal notifiable diseases for UK and international purposes	E, Mi, C, ACAT	1
Understand the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC)	C, ACAT	1
Understand the role of the local authority in relation to infection control	ACAT, C, Mi	1
Skills		
Recognise the potential for infection in patients being cared for	E, Mi, C, ACAT	1, 2
Counsel patients on matters of infection risk, transmission and control	E, Mi, C, ACAT, PS	2, 3
Actively engage in local infection control procedures	ACAT, C	1
Actively engage in local infection control monitoring and reporting processes	ACAT, C	1, 2
Prescribe antibiotics according to local antibiotic guidelines	ACAT, C, Mi	1
Recognise potential for cross-infection in clinical settings	E, ACAT, C, Mi	1, 2
Practice aseptic technique whenever relevant	D	1

Behaviours		
Encourage all staff, patients and relatives to observe infection control principles	E, ACAT, C, M	1, 3
Level Descriptor		
1	<p>Always follows local infection control protocols. Including washing hands before and after seeing all patients</p> <p>Is able to explain infection control protocols to students and to patients and their relatives. Always defers to the nursing team about matters of ward management</p> <p>Aware of infections of concern – including MRSA and C. difficile</p> <p>Aware of the risks of nosocomial infections</p> <p>Understands the links between antibiotic prescription and the development of nosocomial infections</p> <p>Always discusses antibiotic use with a more senior colleague</p>	
2	<p>Demonstrate ability to perform simple clinical procedures utilising aseptic technique</p> <p>Manage simple common infections in patients using first-line treatments. Communicating effectively to the patient the need for treatment and any messages to prevent re-infection or spread</p> <p>Liaise with diagnostic departments in relation to appropriate investigations and tests</p>	
3	<p>Demonstrate an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout</p> <p>Identify potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second-line therapies</p> <p>Communicate effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy</p> <p>Work effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy</p> <p>Working in collaboration with external agencies in relation to reporting notifiable diseases, and collaborating over any appropriate investigation or management</p>	

4	<p>Demonstrate an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily</p> <p>Identify the possibility of unusual and uncommon infections and the potential for atypical presentation of more frequent infections. Managing these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists</p> <p>Work in collaboration with diagnostic departments to investigate and manage the most complex types of infection including those potentially requiring isolation facilities</p> <p>Work in collaboration with external agencies to manage the potential for infection control within the wider community including communicating effectively with the general public and liaising with regional and national bodies where appropriate</p>
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<b>Emergency department context</b>	
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1	<p>Washes hands between patients</p> <p>Does not eat on the shop floor</p> <p>Clears up trolleys after procedures</p> <p>Safely disposes of all sharps</p> <p>Uses gloves in all venepuncture or invasive procedures and goggles for high risk procedures in resus</p>
2	<p>Inserts central line, chest drain, arterial line, catheter under aseptic conditions</p> <p>Notifies all infectious diseases including common ED presentations (meningococcal, malaria, food poisoning)</p> <p>Follows H1N1 national guidance for reduction of transmission</p>
3	<p>Recognises and takes appropriate action in potential infection including use of masks, aprons, closed cubicles (e.g. diarrhoea, haemoptysis)</p>
4	<p>Uses blood cultures appropriately with good technique and for appropriate indications</p> <p>Starts antibiotics within 1 hour for septic patients</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Promotes and reminds others to use hand gel and wash hands ** Supports Trust policies on infection control including 'bare below the elbows' Always wears clean scrubs or appropriate shirts /tops **
Working with others	Identifies and reminds staff who are not following infection control measures **
Managing the service	Ensures antibiotic prescribing protocols available and followed Discusses antibiotic prescribing on every relevant patient on board rounds or when supervising **
Improving services	Audits and takes action on antibiotic prescribing ***
Setting direction	Reviews departmental infection control processes including isolation space, pandemic flu policy, hand washing facilities *

## CC11 Managing long term conditions and promoting patient self-care

Knowledge	Assessment Methods	GMP Domains
Recall the natural history of diseases that run a chronic course	E, C, Mi, ACAT	1
Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	E, C, Mi, ACAT	1
Outline the concept of quality of life and how this can be measured	C	1
Outline the concept of patient self-care	C, Mi	1
Know, understand and be able to compare medical and social models of disability	C	1
Understand the relationship between local health, educational and social service provision including the voluntary sector	C	1
Skills		
Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant	E, C, Mi, ACAT	1, 3
Develop and sustain supportive relationships with patients with whom care will be prolonged	C, Mi	1, 4
Provide effective patient education, with support of the multi-disciplinary team	E, C, Mi, ACAT	1, 3, 4
Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	E, C, PS	1, 3
Encourage and support patients in accessing appropriate information	E, C, PS	1, 3
Provide the relevant and evidence-based information in an appropriate medium to enable sufficient choice, when possible	E, C, PS	1, 3

Behaviours			
	Show willingness to act as a patient advocate	E, C, Mi, ACAT	3, 4
	Recognise the impact of long-term conditions on the patient, family and friends	E, C, Mi, ACAT	1
	Ensure equipment and devices relevant to the patient's care are discussed	C, Mi, ACAT	1
	Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate ( ie equipment, wheelchairs etc)	ACAT, C, Mi	1, 3
	Provide the relevant tools and devices when possible	ACAT, C ,Mi	1, 2
	Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self-care	ACAT, C, Mi, PS	1, 3,4
	Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care	ACAT, C, MI, M	3
	Recognise and respect the role of family, friends and carers in the management of the patient with a long-term condition	ACAT, C, Mi, PS	1,3
Level Descriptor			
1	<p>Describes relevant long-term conditions</p> <p>Understands the meaning of quality of life</p> <p>Is aware of the need for promotion of patient self-care</p> <p>Helps the patient with an understanding of their condition and how they can promote self-management</p>		
2	<p>Demonstrates awareness of management of relevant long term conditions</p> <p>Is aware of the tools and devices that can be used in long term conditions</p> <p>Is aware of external agencies that can improve patient care</p> <p>Teaches the patient and within the team to promote excellent patient care</p>		



3	<p>Develops management plans in partnership with the patient that are pertinent to the patient's long term condition</p> <p>Can use relevant tools and devices in improving patient care</p> <p>Engages with relevant external agencies to promote patient care</p>
4	<p>Provides leadership within the multi-disciplinary team that is responsible for management of patients with long-term conditions</p> <p>Helps the patient networks develop and strengthen</p>
<b>Emergency department context</b>	
1	<p>Makes appropriate referrals to occupational therapy or physiotherapy with clear reason for referral</p> <p>Attempts to assess social situation and activities of daily living in elderly patients or in those with disabilities</p>
2	<p>Refers to discharge team or community care team appropriately</p> <p>Seeks feedback on their referrals</p> <p>Requests hospital notes for patients with long-term conditions even in simple presentations recognising the impact of chronic disease</p>
3	<p>Actively works with the other professions to complete a holistic assessment of the patient in their personal circumstances</p>
4	<p>Seeks out information for the patient of self-help groups or other support systems in the community prior to discharge via the internet</p> <p>Seeks advice of primary care physicians in the department for alternative treatments or care providers in the community</p>
<b>Leadership</b>	<p>Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction</p>
Demonstrating personal qualities	<p>Always takes a social history including details of carers and support systems</p>
Working with others	<p>Actively involves nursing, OT, PT and other staff in the assessment and planning care of the patient</p> <p>Includes PAMS in briefings about departmental policies/changes promoting team approach</p>

Managing the service	<p>Avoids admission for non-medical reasons utilising community teams where possible</p> <p>Uses CDU/observation ward effectively with limited stay for frail elderly or social presentations **</p>
Improving services	<p>Ensures information on community services available in the department</p> <p>Reminds junior colleagues of the importance of other professionals</p> <p>Invites other services to team teaching for information dissemination</p>
Setting direction	<p>Has regular planned meetings with discharge team to ensure maximal benefit to department</p>

Issues of communication both with patients and carers 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

### CC12 Relationships with patients and communication within a consultation

Communicate effectively and sensitively with patients, relatives and carers		
Knowledge	Assessment Methods	GMP Domains
Structure an interview appropriately	E, ACAT, C, Mi, PS	1
Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the consultation process	ACAT, C, Mi, PS	1
Skills		
Establish a rapport with the patient and any relevant others (e.g. carers)	E, ACAT, C, Mi, PS	1, 3
Listen actively and question sensitively to guide the patient and to clarify information	E, ACAT, C, Mi, PS	1, 3
Identify and manage communication barriers, tailoring language to the individual patient and using interpreters when indicated	E, ACAT, C, Mi, PS	1, 3
Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)	E, ACAT, C, Mi	1, 3,4
Use, and refer patients to, appropriate written and other information sources	E, ACAT, C, Mi	1, 3
Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	E, ACAT, C, Mi	1, 3
Indicate when the interview is nearing its end and conclude with a summary	E, ACAT, C, Mi	1, 3
Make accurate contemporaneous records of the discussion	ACAT, C, Mi	1, 3
Manage follow-up effectively	ACAT, C, Mi	1

<b>Behaviours</b>		
Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior	E, ACAT, C, Mi, M, PS	1, 3, 4
Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues	E, ACAT, C, Mi, M, PS	1, 3
Be willing to provide patients with a second opinion	E, ACAT, C, Mi, M, PS	1, 3
Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	E, ACAT, C, Mi, M	1, 3
Be confident and positive in one's own values	E, ACAT, C, Mi	1, 3
<b>Level Descriptor</b>		
1	Conducts simple interviews with due empathy and sensitivity and make accurate records	
2	Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred	
3	Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport	
4	Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur	
<b>Emergency department context</b>		
1	Takes focused history in most situations and makes appropriate record Uses open and closed questions	
2	Takes focused history in all patients Adjusts questioning technique to presentation Uses an interpreter or language line as appropriate	

3	<p>Elicits history while resuscitating patient</p> <p>Avoids confrontation and manages conflict in aggressive or drunk patients</p> <p>Communicates effectively with anxious parents</p>
4	<p>Avoids complaints regarding communication</p> <p>Supports others in resolving conflict between patients and doctors or nurses</p> <p>Recognises and is able to manage aggression and violence, including in the acutely disturbed psychiatric patient</p> <p>Is able to demonstrate safe and lawful restraint technique in the ED</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Listens effectively without interrupting
Working with others	Makes suggestions for change to other trainees with communication difficulties
Managing the service	Promotes use of language line, interpreters, PALS services
Improving services	Contributes to development of structured ED record or electronic solution *
Setting direction	Includes communication skills teaching in delivered to all staff

## CC13 Breaking bad news

To recognise the fundamental importance of breaking bad news. To develop strategies for skilled delivery of bad news according to the needs of individual patients and their relatives / carers		
Knowledge	Assessment Methods	GMP Domains
Recognise that the way in which bad news is delivered significantly affects the subsequent relationship with the patient	E, ACAT, C, Mi, M, PS	1
Recognise that every patient may desire different levels of explanation and have different responses to bad news	E, ACAT, C, Mi, M, PS	1, 4
Recognise that bad news is confidential but the patient may wish to be accompanied	E, ACAT, C, Mi, M, PS	1
Recognise that breaking bad news can be extremely stressful for the doctor or professional involved	E, ACAT, C, Mi, M	1, 3
Understand that the interview may be an educational opportunity	E, ACAT, C, Mi, M	1
Recognise the importance of preparation when breaking bad news by:  Setting aside sufficient uninterrupted time  Choosing an appropriate private environment  Having sufficient information regarding prognosis and treatment  Structuring the interview  Being honest, factual, realistic and empathic  Being aware of relevant guidance documents	E, ACAT, C, Mi	1, 3
Understand that "bad news" may be expected or unexpected	E, ACAT, C, Mi	1
Recognise that sensitive communication of bad news is an essential part of professional practice	E, ACAT, C, Mi	1
Understand that "bad news" has different connotations depending on the context, individual, social and cultural circumstances	E, ACAT, C, Mi, M	1

Recall that a post mortem examination may be required and understand what this involves	E, ACAT, C, Mi, M, PS	1
Recall the local organ retrieval process	ACAT, C, Mi	1
<b>Skills</b>		
Demonstrate to others good practice in breaking bad news	E, C, D, M	1, 3
Involve patients and carers in decisions regarding their future management	E, C, D, M	1, 3, 4
Encourage questioning and ensure comprehension	E, C, D, M	1, 3
Respond to verbal and visual cues from patients and relatives	E, C, D, M	1, 3
Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	E, C, D, M	1, 3
Structure the interview e.g. set the scene, establish understanding, Discuss: diagnosis, implications, treatment, prognosis and subsequent care	E, C, D, M	1, 3
<b>Behaviours</b>		
Take leadership in breaking bad news	C, D, M	1
Respect the different ways people react to bad news	C, D, M	1
<b>Level Descriptor</b>		
1	Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases	
2	Able to break bad news in planned settings Prepares well for interview Prepares patient to receive bad news Responsive to patient's reactions	

3	<p>Able to break bad news in unexpected and planned settings</p> <p>Clear structure to interview</p> <p>Establishes what patient wants to know and ensures understanding</p> <p>Able to conclude interview</p>
4	<p>Skilfully delivers bad news in any circumstance including adverse events</p> <p>Arranges follow-up as appropriate</p> <p>Able to teach others how to break bad news</p>
<b>Emergency department context</b>	
1	<p>Attends with middle grade or consultant to break bad news of patient's death</p> <p>Attends BBN teaching session or completes e-learning</p>
2	<p>Leads interview under supervision to break bad news</p> <p>Prepares appropriately checking identity of relative and event information available</p> <p>Able to discuss the coroner's role in unexpected death including probable post mortem</p> <p>Able to discuss life-threatening conditions with patient with realistic presentation of risks and likely outcomes</p>
3	<p>Under supervision, breaks bad news to parents</p> <p>Ensures post mortem is requested in relevant cases (non-mandatory)</p> <p>Understands possibility of death certification in selected cases</p>
4	<p>Able to break bad news in all situations</p> <p>Able to supervise others</p> <p>Able to discuss organ donation</p> <p>Able to lead resuscitation with relatives present</p>



<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Empathic to relatives
Working with others	Recognises impact of death (particularly children) on staff Supports junior trainees in debriefing after BBN
Managing the service	Utilises space appropriately for relatives including circumstances when more than one seriously ill or deceased patient
Improving services	Attends communication teaching for BBN *** Seeks out advice and guidance from different religious leaders for accommodating varying ethnic or cultural backgrounds
Setting direction	Contributes to policies on bereavement and care of relatives ***

## CC14 Complaints and medical error

Knowledge	Assessment Methods	GMP Domains
<p>Basic consultation techniques and skills described for Foundation programme and to include:</p> <p>Define the local complaints procedure</p> <p>Recognise factors likely to lead to complaints (poor communication, dishonesty etc)</p> <p>Adopt behaviour likely to prevent complaints</p> <p>Dealing with dissatisfied patients or relatives</p> <p>Recognise when something has gone wrong and identify appropriate staff to communicate this with</p> <p>Act with honesty and sensitivity in a non-confrontational manner</p>	C, D, M	1
Outline the principles of an effective apology	C, D, M	1
Identify sources of help and support when a complaint is made about yourself or a colleague	C, D, M	1
Skills		
Contribute to processes whereby complaints are reviewed and learned from	C, D, M	1
Explain comprehensibly to the patient the events leading up to a medical error	C, D, M	1, 3
Deliver an appropriate apology	C, D, M	1, 3, 4
Distinguish between system and individual errors	C, D, M	1
Show an ability to learn from previous error	C, D, M	1
Behaviours		
Take leadership over complaint issues	C, D, M	1
Recognise the impact of complaints and medical error on staff, patients, and the National Health Service	C, D, M	1, 3

Contribute to a fair and transparent culture around complaints and errors	C, D, M	1
Recognise the rights of patients, family members and carers to make a complaint	C, D, M	1, 4
<b>Level Descriptor</b>		
1	<p>Defines the local complaints procedure</p> <p>Recognises need for honesty in management of complaints</p> <p>Responds promptly to concerns that have been raised</p> <p>Understands the importance of an effective apology</p> <p>Learns from errors</p>	
2	<p>Manages conflict without confrontation</p> <p>Recognises and responds to the difference between system failure and individual error</p>	
3	<p>Recognises and manages the effects of any complaint within members of the team</p>	
4	<p>Provides timely accurate written responses to complaints when required</p> <p>Provides leadership in the management of complaints</p>	
<b>Emergency department context</b>		
1	<p>Responds to request for statements regarding a complaint within one week of receiving request</p> <p>Acknowledges shortcomings in care and is not defensive</p>	
2	<p>Seeks review from MDU/MPS on statement where appropriate</p> <p>Appropriately assesses individual contribution to complaint and apologises appropriately</p>	
3	<p>Recognises when complaint well founded and distinguishes from general patient dissatisfaction, changing behaviour where appropriate</p>	
4	<p>Can manage a complaint and write a draft response</p> <p>Ensures that patient safety issues are identified and appropriately dealt with in any form of complaint.</p>	

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	<p>Accepts criticism from patient and demonstrates personal awareness and willingness to change</p> <p>Recognises the pressure of the ED can lead to complaints and takes steps to mitigate against the risk of poor communication, or attitudinal problems</p>
Working with others	Supports junior trainees in responding to complaint
Managing the service	Manages complaint in timely way and delivers on action plan from complaint *
Improving services	Uses complaints to guide ED service review and development
Setting direction	Aims to reduce complaints by analysis of most common reasons and increasing staff awareness of risk ***

## CC15 Communication with colleagues and cooperation

Recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals. Communicate succinctly and effectively with other professionals as appropriate		
Knowledge	Assessment Methods	GMP Domains
Understand the section in "Good Medical Practice" on Working with Colleagues, in particular:	C, M	1
The roles played by all members of a multi-disciplinary team	C, M	1
The features of good team dynamics	C, M	1
The principles of effective inter-professional collaboration to optimise patient or population care	C, M	1
Skills		
Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred	ACAT, C, Mi	1, 3
Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	ACAT, C, Mi, M	1, 3
Participate in, and co-ordinate, an effective hospital-at-night team when relevant	ACAT, C, Mi, M	1
Communicate effectively with administrative bodies and support organisations	C, Mi, M	1, 3
Employ behavioural management skills with colleagues to prevent and resolve conflict	ACAT, C, Mi, M	1, 3

<b>Behaviours</b>			
	Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate	ACAT, C, Mi, M	3
	Foster a supportive and respectful environment where there is open and transparent communication between all team members	ACAT, C, Mi, M	1, 3
	Ensure appropriate confidentiality is maintained during communication with any member of the team	ACAT, C, Mi, M	1, 3
	Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place	C, Mi, M	1
	Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues	C, M	1
<b>Level Descriptor</b>			
1	Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof		
2	Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate)		
3	Able to predict and manage conflict between members of the healthcare team		
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members		
<b>Emergency department context</b>			
1	Recognises role of nurse in charge, lead registrar and consultant, Appreciates vital role of all members of team including administrative and portering staff		
2	Able to tell named nurse and/or nurse in charge the patient plan Ensures effective handover of patients to other doctor at end of shift		

3	<p>Identifies early when potential conflict is arising between ED staff and specialties or within ED team and takes appropriate action – particularly over weak referrals or lack of response from specialties</p> <p>Deals with breakdown in referral or request for imaging and resolves conflict achieving good patient outcome</p>
4	<p>Manages the shift to ensure all doctors have required breaks and leave on time</p> <p>Ensures the primacy of patient safety in all aspects of communication and cooperation and is able to utilise cognitive strategies, human factors and CRM to maximise this</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Demonstrates respect for nursing staff in behaviour, tone and inclusion in decision making
Working with others	<p>Works with nurse in charge to effectively manage workload and patient throughput **</p> <p>Develops close working relationship with key specialties including medical registrar, critical care registrar and paediatric registrar to ensure team working and effective patient care **</p>
Managing the service	<p>Ensures rota and staffing up to date and displayed at all times</p> <p>Is aware of workload of individual doctors during shifts and ensures no overload or no inappropriate relaxing</p>
Improving services	Asks for feedback from specialty doctors and investigative services on ED requests for support
Setting direction	Works with medical staffing and workforce planning to ensure appropriate competences in team 24/7 for emergencies in the ED and hospital

For all Emergency Physicians there is a need to be aware of public health issues and health promotion. Competences that promote this awareness are defined in the next section

### CC16 Health promotion and public health

To progressively develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community.		
Knowledge	Assessment Methods	GMP Domains
Understand the factors which influence the incidence and prevalence of common conditions	E, C, Mi	1
Understand the factors which influence health – psychological, biological, social, cultural and economic (especially poverty)	E, C, Mi	1
Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	E, C, Mi	1
Understand the purpose of screening programmes and know in outline the common programmes available within the UK	E, C, Mi	1
Understand the relationship between the health of an individual and that of a community	E, C, Mi	1
Know the key local concerns about health of communities such as smoking and obesity	E, C, Mi	1
Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health	E, C, Mi	1
Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of the developed world strategies on developing countries	E, C, Mi	1
Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	E, C, Mi	1
Recall the effect of addictive behaviours, especially substance misuse and gambling, on health and poverty	E, C, Mi	1



<b>Skills</b>		
Identify opportunities to prevent ill health and disease in patients	E, C, Mi, PS	1, 2
Identify opportunities to promote changes in lifestyle and other actions which will positively improve health	E, C, Mi	1, 2
Identify the interaction between mental, physical and social wellbeing in relation to health	E, C, Mi	1
Counsel patients appropriately on the benefits and risks of screening	E, C, Mi PS	1, 3
Work collaboratively with other agencies to improve the health of communities	E, C, Mi	1
<b>Behaviours</b>		
Engage in effective team-working around the improvement of health	C, M	1, 3
Encourage where appropriate screening to facilitate early intervention	C	1
<b>Level Descriptor</b>		
1	<p>Discusses with patients and others factors which could influence their personal health</p> <p>Maintains own health and is aware of own responsibility as a doctor for promoting healthy approach to life</p>	
2	<p>Communicates to an individual, information about the factors which influence their personal health</p> <p>Supports an individual in a simple health promotion activity (e.g. smoking cessation)</p>	
3	<p>Communicate to an individual and their relatives, information about the factors which influence their personal health</p> <p>Supports small groups in a simple health promotion activity (e.g. smoking cessation)</p> <p>Provides information to an individual about a screening programme and offer information about its risks and benefits</p>	

4	<p>Discusses with small groups the factors that have an influence on their health and describes initiatives they can undertake to address these</p> <p>Provides information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual</p> <p>Engages with local or regional initiatives to improve individual health and reduce inequalities in health between communities</p>
<b>Emergency department context</b>	
1	<p>Takes a drug, alcohol and smoking history in all relevant patients</p> <p>Takes adequate rest between shifts, does not take on locum shifts at weekends</p>
2	<p>Gives advice on stopping smoking or reducing alcohol use or refers to alcohol health worker</p>
3	<p>Recognises other high risk patient behaviours and gives advice for example in hypertension, obesity and diet</p>
4	<p>Ensures GP is aware of any attendances and high risk presentations</p>
<b>Leadership</b>	
Demonstrating personal qualities	<p>Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction</p> <p>Maintains healthy lifestyle</p> <p>Is registered with a doctor ***</p>
Working with others	<p>Reminds staff about alcohol, drugs and smoking history</p> <p>Discourages high risk behaviour in colleagues</p>
Managing the service	<p>Ensures information regarding local drug, alcohol, smoking services is available in the department</p>
Improving services	<p>Works with local services to improve accessibility to services</p>
Setting direction	<p>Promotes screening where appropriate e.g. routine BP recording and informing GP in all over 40s</p>

The legal and ethical framework associated with health care 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.

### CC17 Principles of medical ethics and confidentiality

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality		
Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of the principles of medical ethics	E, ACAT, C, Mi	1
Outline and follow the guidance given by the GMC on confidentiality	E, ACAT, C, Mi	1
Define the provisions of the Data Protection Act and Freedom of Information Act	E, ACAT, C, Mi	1
Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research	E, ACAT, C, Mi	1, 4
Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest	E, ACAT, C, Mi	1, 4
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	E, ACAT, C, Mi	1
Recall the obligations for confidentiality following a patient's death	E, ACAT, C, Mi	1, 4
Recognise the problems posed by disclosure in the public interest, without patient's consent	E, ACAT, C, Mi	1, 4
Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices	ACAT, C, Mi	1
Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	ACAT, C, Mi	1
Outline the principles of the Mental Capacity Act	ACAT, C, Mi	1

<b>Skills</b>		
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	ACAT, C, Mi, M	1, 2,3
Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation	C	1
Counsel patients on the need for information distribution within members of the immediate healthcare team	E, ACAT, C, M	1, 3
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	E, ACAT, C, M PS	1, 3
<b>Behaviours</b>		
Encourage ethical reflection in others	ACAT, C, M	1
Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	E, ACAT, C, M	1
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	E, ACAT, C, M, PS	1, 4
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	ACAT, C, M	1, 3
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, C, M, MSF	1, 3
<b>Level Descriptor</b>		
1	<p>Use and share information with the highest regard for confidentiality adhering to the Data Protection Act and Freedom of Information Act in addition to guidance given by the GMC</p> <p>Familiarity with the principles of the Mental Capacity Act</p> <p>Participate in decisions about resuscitation status and withholding or withdrawing treatment</p>	

2	Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patient's consent for disclosure of identifiable information
3	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research
4	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment
<b>Emergency department context</b>	
1	<p>Disposes of notes and results in confidential waste bin</p> <p>Follows telephone enquiry policy appropriately – not divulging information to third parties</p> <p>Does not share passwords with others for computers</p>
2	<p>Follows policy for sharing information with police in serious arrestable offences</p> <p>Asks patient's permission to disclose information to relatives or third parties</p> <p>Understands need for patient confidentiality in cases of abuse, assault or other circumstances</p> <p>Does not share passwords on the computers</p> <p>Does not take ED records home for completion of police statements</p>
3	<p>Follows policy on data downloads to portfolios, or for audit</p> <p>Case presentations anonymised appropriately</p>
4	Contributes do DNAR decisions in the ED and ensures paperwork completed

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Does not gossip or discuss patients in the staff room ** Intervenes when others are breaking confidentiality **
Working with others	Cooperates with police requests for information but explains confidentiality limits ** Shares relevant data with social services, safeguarding children services
Managing the service	Ensures passwords are updated regularly for the computer Reports breaches of confidentiality as incidents Utilises confidential waste bins **
Improving services	Seeks feedback from GPs on clinical information sharing in discharge letters
Setting direction	Actively promotes data protection and confidentiality by ensuring training for all staff and policies are clear

## CC18 Valid consent

To obtain valid consent from the patient		
Knowledge	Assessment Methods	GMP Domains
Outline the guidance given by the GMC on consent, in particular:	C, D, M	1
Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form	C, D, M	1
Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	C, D, M	1
Skills		
Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent	E, ACAT, C, Mi, PS	1, 3
Provide a balanced view of all care options	E, ACAT, C, Mi, PS	1, 3, 4
Behaviours		
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	E, ACAT, C, Mi, PS	1
Avoid exceeding the scope of authority given by a patient	E, ACAT, C, Mi, PS	1
Avoid withholding information relevant to proposed care or treatment in a competent adult	E, ACAT, C, Mi, PS	1, 3, 4
Show willingness to seek advance directives	E, ACAT, C, Mi, PS	1, 3
Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	E, ACAT, C, Mi, PS	1, 3
Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	E, ACAT, C, Mi, PS	1, 3, 4

Level Descriptor	
1	Obtains consent for straightforward treatments with appropriate regard for patient's autonomy
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent
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 and is able to take appropriate steps to administer treatment consistent with the least restrictive option principle of the MCA (Mental Capacity Act).
Emergency department context	
1	<p>Consents patients verbally and notes the consent for minor procedures such as suturing and abscess drainage</p> <p>Gains written consent for procedures requiring sedation or intravenous anaesthesia in line with local departmental protocols e.g. Biers block, conscious sedation for shoulder reduction</p>
2	Explains likely benefits/risks of thrombolysis for STEMI/stroke and PCCI for STEMI
3	Allows patient autonomy but explains risks of self-discharge in poisoning or self harm
4	<p>Uses patient advocate system or hospital management/legal department where incapacity means patient unable to consent</p> <p>Applies Mental Capacity Act in relevant cases</p> <p>Is able to provide advice on dealing with consent about treatment refusals in patients with possible capacity issues, such as in attempted suicide or with needle phobia</p> <p>Understands the principles of validity and applicability for advance decisions relating to life-sustaining treatment in the ED</p>



<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Seeks consent and documents accurately Explains fully and accepts patient's views
Working with others	Supports specialties in gaining consent for surgical or invasive procedures in the ED Always documents capacity when dealing with patients who self-discharge
Managing the service	Conducts audit of clinical procedures completed in the ED and develops action plan to ensure consent and other standards are met ***
Improving services	Explores patient advocacy service in the Trust
Setting direction	Ensure training for all staff including nurses on consent and capacity in the ED

## CC19 Legal framework for practice

To understand the legal framework within which health-care is provided in the UK in order to ensure that personal clinical practice is always provided in line with this legal framework		
Knowledge	Assessment Methods	GMP Domains
All decisions and actions must be in the best interests of the patient	E, ACAT, C, Mi	1
Understand the legislative framework within which healthcare is provided in the UK – in particular;  death certification and the role of the Coroner/Procurator Fiscal;  safeguarding children legislation;  mental health legislation (including powers to detain a patient and giving emergency treatment against a patient’s will under common law);  advanced directives and living Wills;  withdrawing and withholding treatment;  decisions regarding resuscitation of patients;  surrogate decision making; organ donation and retention;  communicable disease notification;  medical risk and driving;  Data Protection and Freedom of Information Acts;  provision of continuing care and community nursing care by a local authorities	ACAT, C, Mi	1, 2
Understand the differences between legislation in the four countries of the UK	ACAT, C, Mi	1
Understand sources of medico-legal information	ACAT, C, Mi	1
Understand disciplinary processes in relation to medical malpractice	ACAT, C, Mi, M	1

Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	ACAT, C, Mi, M	1
<b>Skills</b>		
Ability to cooperate with other agencies with regard to legal requirements – including reporting to the Coroner’s Officer or the proper officer of the local authority in relevant circumstances	ACAT, C, Mi	1
Ability to prepare appropriate medico-legal statements for submission to the Coroner’s Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	C, M	1
Be prepared to present such material in court	C, Mi	1
Incorporate legal principles into day to day practice	ACAT, C, Mi	1
Practice and promote accurate documentation within clinical practice	ACAT, C, Mi	1, 3
<b>Behaviours</b>		
Show willingness to seek advice from the Trust, legal bodies (including defence unions), and the GMC on medico-legal matters	ACAT, C, Mi, M	1
Promote reflection on legal issues by members of the team	ACAT, C, Mi, M	1, 3
<b>Level Descriptor</b>		
1	<p>Demonstrates knowledge of the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC</p> <p>Demonstrates knowledge of the limits to professional capabilities - particularly those of pre-registration doctors</p>	
2	<p>Identify with senior team members cases which should be reported to external bodies and where appropriate and initiate that report.</p> <p>Identify with senior members of the clinical team situations where you feel consideration of medico-legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.</p>	

3	<p>Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required</p> <p>Actively promote discussion on medico-legal aspects of cases within the clinical environment</p> <p>Participate in decision making with regard to resuscitation decisions and around decisions related to driving, discussing the issues openly but sensitively with patients and relatives</p>
4	<p>Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medico-legal statements as required and present material in court where necessary</p> <p>Lead the clinical team in ensuring that medico-legal factors are considered openly and consistently wherever appropriate in the care of a patient. Ensuring that patients and relatives are involved openly in all such decisions</p>
<b>Emergency department context</b>	
1	<p>Maintains full registration and membership of a defence society, seeking advice where necessary on responses to complaints</p> <p>Supports FY1s in the department and ensures they work within limits, including not discharging patients</p> <p>Completes police statements promptly and effectively</p> <p>Completes Coroner's reports promptly and effectively</p>
2	<p>Manages information relating to patients as victims of assault including gunshot wounds, attempted murder or domestic violence – reporting these appropriately without breaching confidentiality</p> <p>Follows local vulnerable adults policies – reporting where appropriate and providing adequate information for case conferences</p> <p>Presents evidence in the Coroner's court for patients from the ED</p> <p>Presents evidence in criminal court for victims of assault</p>

3	<p>Manages terminally ill resuscitation patients, appropriately seeking and applying end-of-life decisions or advance directives</p> <p>Manages cases of drug users – by seeking information on standard treatment programme and appropriately providing replacement prescriptions when required and within agreed guidelines</p> <p>Manages drugs of abuse when found on patients in appropriate and legal manner</p> <p>Completes CICA reports appropriately</p>
4	<p>Applies for specialist registration promptly</p> <p>Understands safe and lawful restraint</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Seeks advice on legal matters from consultant, senior nurse or Trust legal representatives where required
Working with others	Gives advice to junior trainees and nurses regarding self-discharge, disclosure of information or other legal issues – acknowledging where they are not sure **
Managing the service	Ensures shift leaders are fully aware of potential legal problems during the shift by communication and adequate handover from previous shift e.g. deceased patients to the Coroner, high risk patients who have self discharged, police enquiries **
Improving services	<p>Works with local police stations to improve communication and turn around times for police statements</p> <p>Works with the Coroner to set up information sharing *</p>
Setting direction	Make sure legal and ethical dilemmas form part of departmental meetings and policies

## CC20 Ethical research

To ensure that research is undertaken using relevant ethical guidelines		
Knowledge	Assessment Methods	GMP Domains
Outline the GMC guidance on good practice in research	ACAT, C	1
Outline the differences between audit and research	AA, C, Mi	1
Describe how clinical guidelines are produced	C	1
Demonstrate knowledge of research principles	C, Mi	1
Outline the principles of formulating a research question and designing a project	C, Mi	1
Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods	C	1
Outline sources of research funding	C	1
Skills		
Develop critical appraisal skills and apply these when reading literature	C	1
Demonstrate the ability to write a scientific paper	C	1
Apply for appropriate ethical research approval	C	1
Demonstrate the use of literature databases	C	1
Demonstrate good verbal and written presentations skills	C, D	1
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	C	1

Behaviours		
Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate	C, M	1
Follow guidelines on ethical conduct in research and consent for research	C	1
Show willingness to the promotion of involvement in research	C	1
Level Descriptor		
1	Obtains Good Clinical Practice (GCP) certification Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research Knows how to use databases	
2	Demonstrates critical appraisal skills	
3	Demonstrates knowledge of research funding sources Demonstrates good presentation and writing skills	
4	Provides leadership in research Promotes research activity Formulates and develops research pathways	

Emergency department context	
1	Conducts effective literature search to determine the audit gold standard
2	Completes a BestBET including the formulation of three-part question, search and review  Demonstrates the ability to recruit a patient to a clinical trial
3	Completes a draft CTR  Successfully completes a regional mock critical appraisal paper or goes on critical appraisal course  Completes an evidence-based guideline in the ED**
4	Completes a successful CTR  Successfully submits a research application  Completes the CEM online research governance e-learning
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Completes draft CTR on time and submits for review by trainers ***
Working with others	Supports audit or research by junior trainees or nurses with advice, direction and providing constructive review
Managing the service	Uses evidence to create guidelines or pathways for patient care *  Supports research from ED or other departments into daily practice – contributing to patient recruitment and data collection
Improving services	Introduces the results of high quality research into patient pathways in the ED – including business case development for new equipment, drugs or services or redesigning pathways *
Setting direction	Contributes to strategy for research and audit in the department for a defined period e.g. 5 year plan



It is the responsibility of each practitioner to ensure that they are aware of relevant developments in clinical care and also ensure that their practice conforms to the highest standards of practice possible. An awareness of the evidence base behind current practice and a need to audit one's own practice is vital for the physician training in Emergency Medicine.

### CC21 Evidence and guidelines

To progressively develop the ability to make the optimal use of current best evidence in making decisions about the care of patients		
To progressively develop the ability to construct evidence-based guidelines in relation to medical practise		
Knowledge	Assessment Methods	GMP Domains
Understand the application of statistics in scientific medical practice	E, C	1
Understand the advantages and disadvantages of different study methodologies (randomised controlled trials, case controlled cohort etc)	E, C	1
Understand the principles of critical appraisal	C	1
Understand levels of evidence and quality of evidence	E, C	1
Understand the role and limitations of evidence in the development of clinical guidelines	E, C	1
Understand the advantages and disadvantages of guidelines	C	1
Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)	C	1
Skills		
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	C	1
Appraise retrieved evidence to address a clinical question	C	1
Apply conclusions from critical appraisal into clinical care	E, C	1
Identify the limitations of research	C	1
Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence-based medicine	C	1

<b>Behaviours</b>		
Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)	E, C	1
Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine	ACAT, C, Mi	1
Recognise the occasional need to practise outside clinical guidelines	ACAT, C, Mi	1
Encourage discussion amongst colleagues on evidence-based practice	ACAT, C, Mi, M	1
<b>Level Descriptor</b>		
1	Participate in departmental or other local journal club Critically review an article to identify the level of evidence	
2	Lead in a departmental or other local journal club Undertake a literature review in relation to a clinical problem or topic	
3	Produce a review article on a clinical topic, having reviewed and appraised the relevant literature	
4	Perform a systematic review of the medical literature Contribute to the development of local or national clinical guidelines	
<b>Emergency department context</b>		
1	Presents a recent article with critical appraisal at a departmental teaching or audit meeting or incorporates critique into audit presentation	
2	Completes a BestBET including the formulation of three-part question, search and review	
3	Completes a draft CTR Completes an evidence-based guideline in the ED**	
4	Successfully completes a CTR	

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Applies national guidelines and specifically refers to them when giving advice to trainees **  Documents clearly in notes any variance from guidelines
Working with others	Directs trainees to guidelines and resources for best evidence  Sets up journal club or critical appraisal practice group in hospital or region ***
Managing the service	Ensures guidelines are available on the shop floor via computers, proforma, posters or other means *
Improving services	Seeks out new guidelines and works on modification for department  Takes NICE or other guideline, evaluates applicability and feasibility in department and introduces, creating business plan if required **
Setting direction	Undertakes review of guidelines matching departmental library to national library or CEM website ***  Accepts CEM guidelines and implements

## CC22 Audit

To progressively develop the ability to perform an audit of clinical practice and to apply the findings appropriately		
Knowledge	Assessment Methods	GMP Domains
Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data	AA, C	1
Understand the role of audit (developing patient care, risk management etc)	AA, C	1
Understand the steps involved in completing the audit cycle	AA, C	1
Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc.  The working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK	AA, C	1
Skills		
Design, implement and complete audit cycles	AA, C	1, 2
Contribute to local and national audit projects as appropriate (e.g. NCEPOD, SASM)	AA, C	1, 2
Support audit by junior medical trainees and within the multi-disciplinary team	AA, C	1, 2
Behaviours		
Recognise the need for audit in clinical practice to promote standard setting and quality assurance	AA, C	1, 2

Level Descriptor	
1	Attendance at departmental audit meetings Contribute data to a local or national audit
2	Identify a problem and develop standards for a local audit
3	Compare the results of an audit with criteria or standards to reach conclusions Use the findings of an audit to develop and implement change Organise or lead a departmental audit meeting
4	Lead a complete clinical audit cycle including development of conclusions, implementation of findings and re-audit to assess the effectiveness of the changes Become audit lead for an institution or organisation
Emergency department context	
1	Completes an audit in the department during CT1 Contributes to CEM national audit
2	Contributes to regular waiting time target audits and action plans to improve patient throughput Ensures patient experience questionnaires are completed for at least 20% of their own patients (see patient survey tool appendix 2)
3	Supports junior trainees and/or nurses in audit Completes an action plan resulting from an audit
4	Chairs an audit meeting Works with Trust lead for national audits such as TARN or MINAP, NCEPOD contributing data, analysis and action planning

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Promotes audit with junior trainees as means to improve services
Working with others	Makes suggestions for topics and methodology to junior trainees or nurses Encourages nurse audit by supporting search for evidence, methods and data collection
Managing the service	Uses audit results and makes clear achievable recommendations – ensuring they are enacted by personal work *
Improving services	Completes a re-audit cycle after personal work to implement actions ***
Setting direction	Contributes or designs departmental audit strategy for year to incorporate CEM national audits, TARN, MINAP, NCEPOD and other key audits for department *

A good physician will ensure that the knowledge possessed is communicated effectively. In the formal setting of teaching and training specific competences will have to be acquired to ensure that the practitioner recognises the best practise and techniques.

### CC23 Teaching and training

To progressively develop the ability to teach to a variety of different audiences in a variety of different ways. To progressively be able to assess the quality of the teaching. To progressively be able to train a variety of different trainees in a variety of different ways. To progressively be able to plan and deliver a training programme with appropriate assessments		
Knowledge	Assessment Methods	GMP Domains
Outline adult learning principles relevant to medical education	C, TO	1
Identification of learning methods and effective learning environments	C, TO	1
Construction of educational objectives	C, TO	1
Use of effective questioning techniques	C, TO	1
Varying teaching format and stimulus	C, TO	1
Demonstrate knowledge of relevant literature relevant to developments in medical education	C, TO	1
Outline the structure of the effective appraisal interview	C, TO	1
Define the roles of the various bodies involved in medical education	C, TO	1
Differentiate between appraisal and assessment and be aware of the need for both	C, TO	1
Outline the workplace based assessments in use and the appropriateness of each	C, TO	1
Demonstrate the definition of learning objectives and outcomes	C, TO	1
Outline the appropriate local course of action to assist the failing trainee	C, TO	1

<b>Skills</b>		
Vary teaching format and stimulus, appropriate to situation and subject	C, TO	1
Provide effective feedback after teaching, and promote learner reflection	C, M, TO	1
Conduct effective appraisal	C, M, TO	1
Demonstrate effective lecture, presentation, small group and bedside teaching sessions	C, M, TO	1, 3
Provide appropriate career advice, or refer trainee to an alternative effective source of career information	C, M, TO	1, 3
Participate in strategies aimed at improving patient education e.g. talking at support group meetings	C, M, TO	1
Be able to lead departmental teaching programmes including journal clubs	C, TO	1
Recognise the failing trainee	C, TO	1
<b>Behaviours</b>		
In discharging educational duties acts to maintain the dignity and safety of patients at all times	C, M, TO	1, 4
Recognises the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	C, M, TO	1
Balances the needs of service delivery with the educational imperative	C, M, TO	1
Demonstrates willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills	C, M, TO	1
Encourages discussions in the clinical settings with colleagues to share knowledge and understanding	C, M, TO	1, 3
Maintains honesty and objectivity during appraisal and assessment	C, M, TO	1



Shows willingness to participate in workplace based assessments	C, M, TO	1
Shows willingness to take up formal tuition in medical education and respond to feedback obtained after teaching sessions	C, M, TO	1, 3
Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others	C, M, TO	1
Recognises the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	C, M, TO	1
Demonstrates consideration for learners including their emotional, physical and psychological wellbeing with their development needs	C, M, TO	1
<b>Level Descriptor</b>		
1	Develops basic PowerPoint presentation to support educational activity Delivers small group teaching to medical students, nurses or colleagues Able to seek and interpret simple feedback following teaching	
2	Able to supervise a medical student, nurse or colleague through a procedure Able to perform a workplace based assessment including being able to give effective feedback	
3	Able to devise a variety of different assessments (e.g. multiple choice questions, workplace based assessments) Able to appraise a medical student, nurse or other colleague Able to act as a mentor to a medical student, nurses or other colleague	
4	Able to plan, develop and deliver educational activities with clear objectives and outcomes Able to plan, develop and deliver an assessment programme to support educational activities	

Emergency department context	
1	<p>Develops own learning objectives for the ED attachment</p> <p>Delivers case presentation including literature review to ED teaching session</p> <p>Teaches medical students on the shop floor and seeks and receives good feedback</p>
2	<p>Conducts WBA on FY1 in the ED</p> <p>Supervises nurse, ENP or medical student on blood gas, catheterisation, plaster application etc</p>
3	<p>Contributes to junior trainee appraisal meeting</p> <p>Leads the medical student programme – and supervises attendance, teaching programme and assessments</p>
4	<p>Mentors a nurse in nurse prescribing or ENP skills</p> <p>Leads on junior staff teaching programme – matching sessions to curriculum and delivering at least 6 sessions per year</p> <p>Helps colleague or junior trainees set their own educational objectives</p> <p>Teaches on Trust FY1 or FY2 programme</p> <p>Provides teaching sessions for ambulance personnel or other healthcare professionals</p>

<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	<p>Uses every opportunity on the shop floor to enable others to learn – by asking questions and leading trainee’s decision making to support skills and knowledge acquisition **</p> <p>Seeks out every opportunity to complete WBA – and invites and receives feedback **</p> <p>Ensures personally meets GMC standards for trainers seeking training where educational needs identified ***</p>
Working with others	<p>Leads board rounds in style likely to enable others to learn **</p> <p>Debriefs after resuscitations, unexpected events or after shifts to enable others to learn **</p> <p>Makes completion of WBA a priority for junior colleagues</p> <p>Gives clear unambiguous feedback for trainees in difficulty or provides statements of fact to consultant for feedback to other trainees</p>
Managing the service	Adjusts supervision style when surge in activity or increased pressure reduces time available but maintains educational principles **
Improving services	Identifies educational needs in the course of every day practice by talking with junior trainees or observing common errors and feeds into the training programme
Setting direction	<p>Ensures named educational supervisor for every trainee</p> <p>Asks to attend and attends training sessions for educational supervision **</p>

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

### CC24 Personal behaviour

<p>To develop the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes. To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective To develop the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem. To become someone who is trusted and is known to act fairly in all situations</p>		
Knowledge	Assessment Methods	GMP Domains
<p>Recall and build upon the competences defined in the Foundation Programme:</p> <p>Deal with inappropriate patient and family behaviour</p> <p>Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties</p> <p>Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality</p> <p>Place needs of patients above own convenience</p> <p>Behave with honesty and probity</p> <p>Act with honesty and sensitivity in a non-confrontational manner</p> <p>The main methods of ethical reasoning: casuistry, ontology and consequentialist</p> <p>The overall approach of value-based practice and how this relates to ethics, law and decision making</p>	<p>ACAT, C, Mi, M, PS</p>	<p>1, 2, 3, 4</p>
<p>Define the concept of modern medical professionalism</p>	<p>C</p>	<p>1</p>
<p>Outline the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, Postgraduate Dean, BMA, specialist societies, medical defence organisations)</p>	<p>C</p>	<p>1</p>

<b>Skills</b>		
Practise with: <ul style="list-style-type: none"> <li>• integrity</li> <li>• compassion</li> <li>• altruism</li> <li>• continuous improvement</li> <li>• excellence</li> <li>• respect for cultural and ethnic diversity</li> <li>• regard to the principles of equity</li> </ul>	ACAT, C, Mi, M, PS	1, 2, 3, 4
Work in partnership with members of the wider healthcare team	ACAT, C, Mi, M	3
Liaise with colleagues to plan and implement work rotas	ACAT, M	3
Promote awareness of the doctor's role in utilising healthcare resources optimally	ACAT, C, Mi, M	1, 3
Recognise and respond appropriately to unprofessional behaviour in others	E, ACAT, C	1
Be able to provide specialist support to hospital and community based services	ACAT, C, M	1
Be able to handle enquiries from the press and other media effectively	C, D	1, 3
<b>Behaviours</b>		
Recognise personal beliefs and biases and understand their impact on the delivery of health services	ACAT, C, Mi, M	1
Recognise the need to use all healthcare resources prudently and appropriately	ACAT, C, Mi	1, 2
Recognise the need to improve clinical leadership and management skill	ACAT, C, Mi	1
Recognise situations when it is appropriate to involve professional and regulatory bodies	ACAT, CbD, Mini-CEX	1

Show willingness to act as a mentor, educator and role model	ACAT, C, Mi, M	1
Be willing to accept mentoring as a positive contribution to promote personal professional development	ACAT, CbD, Mini-CEX	1
Participate in professional regulation and professional development	C, Mi, M	1
Takes part in 360 degree feedback as part of appraisal	C, M	1, 2, 4
Recognise the right for equity of access to healthcare	ACAT, C, Mi,	1
Recognise need for reliability and accessibility throughout the healthcare team	ACAT, C, Mi, M	1
<b>Level Descriptor</b>		
1	<p>Works work well within the context of multi-professional teams</p> <p>Listens well to others and takes other viewpoints into consideration</p> <p>Supports patients and relatives at times of difficulty e.g. after receiving difficult news</p> <p>Is polite and calm when called or asked to help</p>	
2	<p>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</p> <p>Wherever possible involves patients in decision making</p>	
3	<p>Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised</p>	
4	<p>Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem</p>	
5	<p>Engenders trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage</p>	

Emergency department context	
1	Remains calm and professional during times of surges in numbers of patients or acuity  Retains concentration during quiet periods of work  Seeks help appropriately and acts on advice
2	Works well with the nursing staff dealing with individual patients – both supporting them and also seeking their viewpoint
3	Takes responsibility for the department for a shift recognising the need to distribute work and support decision making by others  Monitors the wellbeing of other staff – identifying staff in difficulty (including nurses, receptionists and porters) to the relevant senior member of staff
4	Provides an acceptable role model for the junior staff even under pressure or when not at work, demonstrating integrity and adherence to professional standards
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	Completes multi-source feedback for others when asked  Is consistent in manner and mood whatever the departmental status **
Working with others	Encourages others including patients, to contribute to management discussions on board rounds or in resuscitation situations, and accepts their viewpoints **
Managing the service	Contributes to actions that will allow the ED to meet all targets including infection control, patient experience and four-hour target – by personal role modelling and support of others **
Improving services	Implements changes to meet departmental aspirations including new rotas, new models of working, acquiring new skills *
Setting direction	Contributes to annual departmental strategic vision - including discussions on the role of the consultant, collaboration with primary care and working with specialities in hospital at night ***

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.

### CC25 Management and NHS structure

To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision		
Knowledge	Assessment Methods	GMP Domains
Understand the guidance given on management and doctors by the GMC	C	1
Understand the local structure of NHS systems in your locality recognising the potential differences between the four countries of the UK	ACAT, C	1
Understand the structure and function of healthcare systems as they apply to your specialty	ACAT, C	1
Understand the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	C	1
Understand the importance of local demographic, socio-economic and health data and their use to improve system performance	C	1
Understand the principles of: <ul style="list-style-type: none"> <li>• Clinical coding</li> <li>• European Working Time Regulations</li> <li>• National Service Frameworks</li> <li>• Health regulatory agencies (e.g., NICE, Scottish Government)</li> <li>• NHS structure and relationships</li> <li>• NHS finance and budgeting</li> <li>• Consultant contract and the contracting process</li> <li>• Resource allocation</li> <li>• The role of the independent sector as providers of healthcare</li> </ul>	ACAT, C, Mi	1



Understand the principles of recruitment and appointment procedures	C	1
<b>Skills</b>		
Participate in managerial meetings	ACAT, C	1
Take an active role in promoting the best use of healthcare resources	ACAT, C, Mi	1
Work with stakeholders to create and sustain a patient-centred service	ACAT, C, Mi	1
Employ new technologies appropriately, including information technology	ACAT, C, Mi	1
Conduct an assessment of the community needs for specific health improvement measures	C, Mi	1
<b>Behaviours</b>		
Recognise the importance of just allocation of healthcare resources	C	1, 2
Recognise the role of doctors as active participants in healthcare systems	ACAT, C, Mi	1, 2
Respond appropriately to health service targets and take part in the development of services	ACAT, C, Mi	1, 2
Recognise the role of patients and carers as active participants in healthcare systems and service planning	ACAT, C, Mi, PS	1, 2, 3
Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service	C, M	1
<b>Level Descriptor</b>		
1	<p>Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare</p> <p>Describes the roles of members of the clinical team and the relationships between those roles</p> <p>Participates fully in clinical coding arrangements and other relevant local activities</p>	

2	<p>Can describe in outline the roles of primary care, community and secondary care services within healthcare</p> <p>Can describe the roles of members of the clinical team and the relationships between those roles</p> <p>Participates fully in clinical coding arrangements and other relevant local activities</p>
3	<p>Can describe the relationship between PCTs/Health Boards, General Practice and Trusts including relationships with local authorities and social services</p> <p>Participate in team and clinical directorate meetings including discussions around service development</p> <p>Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty</p>
4	<p>Describe the local structure for health services and how they relate to regional or devolved administration structures. Be able to discuss funding allocation processes from central government in outline and how that might impact on the local health organisation</p> <p>Participate fully in clinical directorate meetings and other appropriate local management structures in planning and delivering health care within the specialty</p> <p>Participate as appropriate in staff recruitment processes in order to deliver an effective clinical team</p> <p>Within the directorate collaborate with other stakeholders to ensure that their needs and views are considered in managing services.</p>
<b>Emergency department context</b>	
1	<p>Can describe the local management arrangements including naming the lead consultant, senior nurse and manager for the ED</p> <p>Always completes the investigations, treatments and diagnosis documentation for individual patients as well as times and referral decisions</p>
2	<p>Describes the relationship to primary care including any local urgent care centre, or GPs working in the department</p> <p>Uses investigations to confirm clinical diagnoses recognising the need for rational resource utilisation</p>

3	<p>Attends departmental meetings and contributes to proposals for new equipment, design of the department or other strategic actions</p> <p>Discusses documents from the CEM Professional Standards Committee on departmental standards and the role of the consultant and applies to their own future working pattern</p>
4	<p>Participates in recruitment and selection for junior staff and nursing staff where appropriate</p> <p>Attends management course and gives summary of points learnt to other trainees</p>
<b>Leadership</b>	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction
Demonstrating personal qualities	<p>Demonstrates willingness to get involved in management tasks</p> <p>Completes management portfolio tasks – 3 per year *</p>
Working with others	<p>Supports others in completing management tasks</p> <p>Explains and supports decisions that limit resources (where appropriate) in the ED</p> <p>Works with the PCT/Health Board to understand local demand for emergency and unscheduled care ***</p> <p>Works with mental health to ensure pathways appropriate for patients with mental health needs ***</p>
Managing the service	<p>Enquires and gains and understanding of the budget and staffing rationale in the ED</p> <p>Reviews the rota for doctors at junior or senior level and matches to patient attendance numbers *</p>
Improving services	Participates in the introduction of new technology (computer system, equipment) in the ED and evaluates the impact on the service *
Setting direction	Participates in regional or national board discussions on emergency department reconfiguration and contributes to data collection or other work from EDs to support the best configuration for quality patient care in Emergency Departments ***