

## Introduction

These outcomes for full registration have been developed from the transitional edition of *The New Doctor*, published in December 2004. They have been restated at a higher level and explicitly mapped onto the *Curriculum for the Foundation Years in Postgraduate Education and Training* (the Foundation Programme curriculum). The outcomes are structured under the seven headings of *Good Medical Practice*.

The Education Committee agreed that from August 2007, provisionally registered doctors must demonstrate the outcomes before full registration is granted.

The Education Committee approved the Foundation Programme Curriculum in December 2006. The Foundation Programme Curriculum meets the standards for the first year of the Foundation Programme, the F1 year, and allows provisionally registered doctors to meet the outcomes set by the Education Committee. Therefore a programme delivering the Foundation Curriculum will meet these outcomes for full registration subject to satisfactory delivery, which will be determined as part of our Quality Assurance of the Foundation Programme (QAFP) process.

## **OUTCOMES for full registration for those entering training from 1 August 2007**

1. Provisionally Registered Doctors must demonstrate the following requirements on different occasions and in different clinical settings before full registration is granted.
2. These outcomes must be demonstrated as a professional in the workplace demonstrating a progression from the competence required of a medical student. They represent the minimum expected of a doctor before full registration is granted. They do not preclude doctors gaining additional appropriate experience; in fact progression is encouraged.

## **Good clinical care**

3. Provisionally Registered Doctors must:

- a. Demonstrate that they recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary.
- b. Know about and follow our guidance on the principles of *Good Medical Practice* and the standards of competence, care and conduct expected of doctors in the UK. Our ethical guidance is available on our website at <http://www.gmc-uk.org/guidance/index.asp>
- c. Demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient<sup>1</sup> at the centre of their practice by:
  - i. Obtaining an appropriate and relevant history and identifying the main findings.
  - ii. Carrying out an appropriate physical and mental health examination.
  - iii. Using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis.
  - iv. Asking for and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner.
  - v. Establishing a differential diagnosis, where possible and considering what might change this.
  - vi. Demonstrating knowledge of treatment options and the limits of evidence supporting them.
  - vii. Asking for patients' informed consent (under supervision) in accordance with GMC guidance.
  - viii. Helping patients to make decisions on their immediate and longer-term care (including self care) taking into account the way the patient wants to make decisions (through shared decision-making, or by the doctor explaining the options and the patient asking the doctor to decide, or by the doctor explaining the options and the patient deciding).
  - ix. Using medicines safely and effectively (under supervision) including giving a clear explanation to patients.

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<sup>1</sup> In this document, the term patient\* or carer\* should be understood to mean the term 'patient', 'patient and parent', 'guardian', 'carer', and/or 'supporter' or 'advocate' as appropriate in the context where relevant and appropriate.

- x. Demonstrating an understanding of the safety procedures involved in prescribing controlled drugs.
  - xi. Keeping (or arranging for the keeping) of accurate and clear clinical records that can be understood by colleagues.
  - xii. Demonstrating that they can perform core clinical and procedural skills safely. These core clinical and procedural skills are set out at Appendix 1.
  - xiii. Demonstrating knowledge and application of the principles and practice of infection control to reduce the risk of cross infection.
- d. Demonstrate that they are recognising and managing acutely ill patients under supervision. This includes showing that they are able to manage a variety of situations where a patient requires resuscitation.
  - e. Demonstrate that they promote, monitor and maintain health and safety in the clinical setting. Demonstrate a knowledge of systems of quality assurance including clinical governance. They must be able to demonstrate an application of the principles of risk management to their medical practice. This includes knowledge and explanation of the procedures for reporting adverse incidents and the procedures for avoiding them. This also includes following safe practices relating to dangers in the workplace.
  - f. Manage their own time under supervision, and develop strategies with other healthcare workers to maximise efficient use of time.
  - g. Demonstrate that they are able to take appropriate action if their own health, performance or conduct, or that of a colleague (including a more senior colleague), puts patients, colleagues or the public at risk.
  - h. Demonstrate that they can recognise and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns and health inequalities.

### **Maintaining good medical practice**

- 4. Provisionally Registered Doctors must:
  - a. Develop a portfolio including a variety of evidence (including workplace-based assessments, involvement in educational and clinical teaching sessions and reflections on experiences with patients and colleagues) to demonstrate:
    - i. That they have achieved the requirements in this guidance including workplace-based assessments
    - ii. Their ability to identify, document and meet their own educational needs

- iii. Learning through reflection on their own practice
  - iv. Knowledge of the theory of audit, including change management.
- b. Be able to explain how to contribute to audit and explain how the results of audit can improve their practice and that of others.
- c. Internalise the importance of continuing professional development and self-directed learning and demonstrate this through the assessment process. This will include the need to respond constructively to appraisals and performance reviews.

### **Teaching and training, appraising and assessing**

5. Provisionally Registered Doctors must:
- a. Teach their peers and medical and other health and social care students under guidance, if required to do so, using appropriate skills and methods.
  - b. Contribute to the appraisal, assessment or review of students and colleagues Provisionally Registered Doctors work with.

### **Relationships with patients**

6. Provisionally Registered Doctors must:
- a. Demonstrate knowledge of the theory and demonstrate the ability to ensure that effective relationships are established and maintained. This includes creating an environment where the doctor can encourage and support the patient to share all information relevant to the consultation.
  - b. Introduce themselves to patients and colleagues with appropriate confidence and authority ensuring that patients and colleagues understand their role, remit and limitations.
  - c. Demonstrate that they recognise that patients are knowledgeable about themselves and the effect their health has on their daily life and should use this expertise to encourage and support patients to be involved in their own care. Relatives, or others caring for those with long-term health conditions, are often knowledgeable in this area, too. Provisionally Registered Doctors should be aware that:
    - i. Carers, supporters and advocates (who speak on behalf of patients) often have to be included in the information given to patients.
    - ii. In the case of people with communication difficulties or difficulties processing information because of brain damage or an illness, it is absolutely vital that carers, supporters and advocates are

kept informed about diagnosis and medical care, subject to GMC guidance on confidentiality.

d. Demonstrate that they encourage and support effective communication with people, both individually and in groups, including people with learning disabilities and those who do not have English as their main language.

e. Demonstrate that they are sensitive and respond to the needs and expectations of patients, taking into account only where relevant, their lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.

f. Demonstrate that they respect and uphold patients' rights to refuse treatment or take part in teaching or research.

g. Demonstrate sound knowledge concerning confidentiality (including GMC guidance on confidentiality, Caldicott and data protection issues).

### **Working with colleagues**

#### 7. Provisionally Registered Doctors must:

a. Work effectively as a member of a team including supporting others, handover and taking over the care of a patient safely and effectively from other health professionals.

b. Demonstrate respect for everyone they work with (including colleagues in medicine and other healthcare professions, allied health and social care workers and non-health professionals) whatever their professional qualifications, lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.

c. Demonstrate that they can communicate in different ways including spoken, written and electronic methods. They must use communication methods that meet the needs and contexts of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate.

d. Share appropriate information, where necessary, with a patient's permission with other members of the healthcare team to provide the best possible information and treatment.

e. Demonstrate that they listen to and take into account the views of other health professionals and agencies. Where appropriate, share information with other professionals and agencies in accordance with GMC guidance on consent.

## Probity

8. Provisionally Registered Doctors must:
  - a. Be honest in their relationships with patients (and their relatives and carers), professional colleagues, and employers.
  - b. Be able to complete or arrange for the completion of legal documents correctly such as those certifying sickness and death (or arranging for these documents to be filled in) and liaise with the coroner or procurator fiscal where appropriate.
  - c. Demonstrate knowledge of and be able to apply relevant legislation to their day to day activities.

## Health

9. Provisionally Registered Doctors must:
  - a. Demonstrate a knowledge of their responsibilities to maintain their health including a suitable balance between work and personal life, and knowing how to deal with personal illness. They must take appropriate action to maintain their health and protect patients and follow our ethical guidance at [www.gmc-uk.org](http://www.gmc-uk.org).
  - b. Under *Good Medical Practice*, doctors must take responsibility for their own health in the interests of public safety. All doctors must follow this guidance. If a Provisionally Registered Doctor knows, or has reason to believe, that he or she has a serious condition which could be passed on to patients, or that their judgement or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor on whether, and in what ways, they should change their clinical contact with patients. Doctors must not rely on their own assessment of the risk to patients.

**Core clinical and procedural skills to be demonstrated by Provisionally Registered doctors**

- Venepuncture and IV cannulation
- Use of local anaesthetics
- Arterial puncture in an adult
- Blood cultures from peripheral and central sites
- Injection - subcutaneous, intradermal, intramuscular and intravenous
- Prepare and administer IV medications
- Intravenous infusions including the prescription of fluids, blood and blood products
- Perform and interpret an ECG
- Perform and interpret spirometry and peak flow
- Urethral catheterisation
- Airway care including simple adjuncts
- Nasogastric tube insertion.