

CCT in Anaesthetics

***Annex A -
Professionalism in
medical practice***

***Edition 2
August 2010
Version 1.7***

**The Royal College of
Anaesthetists**



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| Assessment method decode | |
|---------------------------------|--|
| A | Anaesthesia Clinical Evaluation Exercise [A-CEX] |
| C | Case Based Discussion [CBD] |
| D | Direct Observation of Procedural Skills [DOPS] |
| E | Examination |
| I | Intensive Care Medicine Clinical Evaluation Exercise [I-CEX] |
| L | Anaesthesia List Management Assessment Tool [ALMAT] |
| M | Multi-source Feedback [MSF] |
| S | Simulation |
| T | Acute Care Assessment Tool [ACAT] |

| Good Medical Practice decode | |
|-------------------------------------|---|
| 1 | Knowledge, skills and performance |
| 2 | Safety and quality |
| 3 | Communication, partnership and teamwork |
| 4 | Maintaining trust |

Professionalism and common competencies in medical practice

It is the view of the College that the affective competencies for learning do not relate to particular stages of training; they should be developed and followed throughout practice, both during training and post-CCT. Thus, the professional attitudes, behaviours and common competencies listed are those expected of all doctors throughout their professional practice and, as a result, there are no changes to the competencies over the years of training; inevitably some of the descriptors are more specific to the specialty of anaesthesia, intensive care and pain medicine. Whilst this section identifies the specific professionalism and common competencies expected throughout training, they are also embedded in the clinical units of training at all levels, principally as demonstrated within skills though, where more appropriate, they have been listed within the knowledge sections; as such, they will be expected to be included within the assessments of clinical training.

Twelve domains have been identified covering professionalism and common competencies. These are as follows:

➤ [Domain 1: Professional attitudes](#)

a. [Commitment](#)

b. [Compassion](#)

c. [Honesty and personal integrity](#)

d. [Respect for others](#)

e. [Community](#)

f. [Competence](#)

➤ [Domain 2: Clinical Practice](#)

➤ [Domain 3: Team working](#)

➤ [Domain 4: Leadership](#)

➤ [Domain 5: Innovation](#)

➤ [Domain 6: Management](#)

➤ [Domain 7: Education](#)

➤ [Domain 8: Safety in Clinical Practice](#)

➤ [Domain 9: Medical ethics and confidentiality](#)

➤ [Domain 10: Relationships with patients](#)

➤ [Domain 11: Legal framework for practice](#)

➤ [Domain 12: Information Technology](#)

➤ [Domain 13: Alcohol and other drugs](#)

➤ **NB: All competencies annotated with the letter 'E' can be examined in any of the components of the Primary or Final examination identified in the respective FRCA examination blueprint on pages B-100 and C-74.**

Domain 1: Professional attitudes

Many of the descriptors used in this domain in this section have been taken from CANMEDS [Appendix 5]

| <i>Competence</i> | <i>Description</i> | <i>Assessment Methods</i> | <i>GMP</i> |
|--|--|---------------------------|------------|
| a. Commitment | | | |
| CC_D1_01 | Undertakes responsibilities with honesty and perseverance | A,C,M | 1,2,3,4 |
| CC_D1_02 | Commits to the importance of obtaining adequate information from patients, relatives and others | A,C,D,M,E | 3 |
| CC_D1_03 | Commits to the principle of keeping full, comprehensible, accurate and contemporaneous written records | A,C,M,E | 1 |
| CC_D1_04 | Commits to the principle of maintaining situational awareness at all times | M | 1,2,3 |
| CC_D1_05 | Commits to a rigorous policy of safety first in all clinical work | A,C,M,E | 1,2,3 |
| CC_D1_06 | Commits to using measures that minimise the risks of cross infection at all times | A,C,D,M,E | 1,2 |
| CC_D1_07 | Commits to the principle of maintaining a timely clinical dialogue with team members during clinical work | M | 3 |
| CC_D1_08 | Commits to maintaining a contemporaneous personal portfolio | M | 1 |
| b. Compassion | | | |
| CC_D1_07 | Sensitive to the emotions of patients and colleagues – particularly in difficult situations | A,D,M,E | 3,4 |
| CC_D1_08 | Practices compassion by demonstrating effective communication skills by listening, seeking first to reflect and understand before making decisions and taking action | A,D,M,E | 3,4 |
| CC_D1_09 | Seeks forgiveness when appropriate | M,E | 3,4 |
| CC_D1_10 | Demonstrates selflessness when interacting with others | M | 3,4 |
| c. Honesty and personal integrity | | | |
| CC_D1_11 | Accept personal responsibility for the quality and timeliness of work. Can be relied upon to achieve excellent results with little need for oversight | M,E | 1 |
| CC_D1_12 | Values the quality of truthfulness | M,E | 3,4 |
| CC_D1_13 | Commits to honesty in all personal and professional interactions | M,E | 2,3,4 |
| CC_D1_14 | Commits to regular reflection on own standards of medical practice in accordance with GMC guidance on licensing and | M | 1,2,3,4 |

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| | revalidation | | |
| d. Respect for others | | | |
| CC_D1_15 | Values what the patient says and their opinions | A,C,D,M,E | 3,4 |
| CC_D1_16 | Sensitive to patients' concerns and anxieties | A,C,D,M,E | 1,3 |
| CC_D1_17 | Commits to the need to show respect for confidentiality and follows guidance from the GMC | M,E | 1,3,4 |
| CC_D1_18 | Commits to the principle of providing full information to the patient | A,C,M,E | 1,3,4 |
| CC_D1_19 | Respects privacy, dignity, confidentiality and legal constraints on the use of patient data | M | 3,4 |
| CC_D1_20 | Sensitive to the need to maintain a calm, non-aggressive demeanour even under pressure | M,E | 3,4 |
| CC_D1_21 | Sensitivity in handling patients with cognitive disturbance and/or communication problems | M,E | 2,3,4 |
| e. Community | | | |
| CC_D1_22 | Respects and values the contribution of other healthcare professionals and support workers [nurses, ODPs etc] | M | 2,3,4 |
| CC_D1_23 | Strives to address ignorance, injustice, poverty, racism and bias in personal and professional life and act as patient advocate | M | 3,4 |
| CC_D1_24 | Strives to understand the influence that cultures and beliefs have on patients perceptions of health | M | 3,4 |
| CC_D1_25 | Commits to minimising the impact on healthcare from: <ul style="list-style-type: none"> • Globalisation [including climate change] • Unnecessary resource usage [environmental and financial] | M,E | 3,4 |
| CC_D1_26 | Accepts the importance of good communication with other health professionals | M,E | 1,2,3,4 |
| CC_D1_27 | Commits to the role of supporter and advocate for the patient | M,E | 3,4 |
| CC_D1_28 | Commits to facilitating the excellent functioning of professional teams | M,E | 1,2,3,4 |
| CC_D1_29 | Commits to the importance of always providing necessary information in a clear, timely way | M,E | 2,3,4 |
| f. Competence | | | |
| CC_D1_30 | Strives for excellence | M,E | 1,2,3,4 |
| CC_D1_31 | Commits to the need to show attention to detail | M,E | 1,2 |
| CC_D1_32 | Accepts that it is necessary to have a professional appearance and manner | M,E | 1,3,4 |
| CC_D1_33 | Sensitive to the need to have appropriate supervision by a more experienced colleague | M,E | 1,2 |

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| CC_D1_34 | Values the quality of calmness under pressure | M,E | 1,2,3 |
| CC_D1_35 | Appropriate, timely and relevant communication with the clinical team members | M,E | 2,3 |
| CC_D1_36 | Shows commitment to adherence to necessary hospital policies, local and national guidelines relating to workplace behaviour and clinical practice | M,E | 1,2,3 |
| Domain 2: Clinical practice | | | |
| CC_D2_01 | Commits to ensuring comprehensive pre-operative assessment is performed on all patients, taking account of the nature/complexity of both the surgery and the patient | A,C,D,M,E | 1,2,3,4 |
| CC_D2_02 | Commits to: <ul style="list-style-type: none"> • Maintaining knowledge of current drugs used in clinical practice relevant to their areas of clinical practice • Ensuring accurate and safe prescribing occurs at all times | A,C,M,E | 1,2 |
| CC_D2_03 | Strives to provide high quality clinical care in all clinical situations regularly | A,C,M,E | 1,2,3 |
| CC_D2_04 | Commits to safe practice in clinical care in those <i>less common</i> clinical situations | A,C,M,E | 1,2,3,4 |
| CC_D2_05 | Commits to reflecting on own clinical practice in order to achieve insight and striving to correct deficiencies identified | M | 1,2,3,4 |
| CC_D2_06 | Commits to providing appropriate advice to others who are less experienced regarding clinical management when required | M | 1,2,3,4 |
| CC_D2_07 | Reflects on own clinical practice in order to achieve insight and: <ul style="list-style-type: none"> • Strives to correct deficiencies identified • Seeks learning opportunities and integrates new knowledge into clinical practice | M,E | 1,2 |
| Domain 3: Team Working | | | |
| CC_D3_01 | Commits to the importance of being a good team member, working collaboratively, striving for high standards by all | M | 3 |
| CC_D3_02 | Commits to the principle that the patient and their relatives are often equal members of the clinical team | M | 3,4 |
| CC_D3_03 | Commits to demonstrating to others how to work properly as a team | M | 3 |
| CC_D3_04 | Commits to achieving high standards and monitoring compliance to standards by the whole team | M | 2,3 |
| Domain 4: Leadership | | | |
| CC_D4_01 | Commits to understanding that the role of a consultant involves leadership in clinical management, service delivery and forward planning | M | 1,2,3,4 |

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| CC_D4_02 | Commits to leading by example in utilising the time allocated to clinical sessions effectively without compromising safety | M | 1,3 |
| CC_D4_03 | Commits to being a positive role-model for more junior members of the team including maintaining the highest clinical standards personally and encouraging others to achieve the best | M | 1,2,3,4 |
| CC_D4_04 | Commits to taking the lead where appropriate in dealing with difficulties that have arisen in the clinical care of patients including communicating bad news, participating in clinical review and liaising with managers and dealing with complaints | M | 1,2,3,4 |
| CC_D4_05 | Commits to communicating clearly, promptly and effectively with colleagues by means appropriate to the urgency of the situation [e.g. personal presence, telephone, email, letter etc] and recognising its crucial importance when transferring responsibility for patient care [e.g. at handovers] | M | 2,3 |
| Domain 5: Innovation | | | |
| CC_D5_01 | Commits to searching and comprehending medical literature to guide reasoning | M,E | 1,4 |
| CC_D5_02 | Commits to recognising the importance of research [clinical and laboratory] in the development of clinical practice is aware of current areas of research and achieves competence in understanding, and explaining, the methodology and statistics involved | C,M,E | 1,2,4 |
| CC_D5_03 | Commits to the principle of inter-professional cooperation for audit/quality improvement projects in improving practice | M | 1,2,4 |
| CC_D5_04 | Commits to contributing to quality improvement processes e.g. <ul style="list-style-type: none"> • Audit of personal and departmental/directorate/practice performance • Errors / discrepancy meetings • Critical incident and near miss reporting • Unit morbidity and mortality meetings | M | 1,2,4 |
| Domain 6: Management [see also specific management unit of training with descriptors for all levels in Annex G] | | | |
| CC_D6_01 | Commits to the objectives of their team, of their hospital, and to the national planning of healthcare | M | 1,2,3,4 |
| CC_D6_02 | Commits to planning their work efficiently so that they can accomplish the targets they have set themselves and meet institutional objectives | M | 1 |
| CC_D6_03 | Commits to the key role of the patient and the public in determining directions and priorities in service development | M | 3 |
| CC_D6_04 | Commits to the efficient use of resources and encouraging others to do the same | M | 1,2,3 |
| Domain 7: Education [see also specific unit of training with descriptors for all levels in Annex G] | | | |
| CC_D7_01 | Continuously seeks to improve and update their knowledge and skills, using a variety of strategies, whilst keeping records of learning that are planned and undertaken, reflecting on their outcomes | M | 1 |

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| CC_D7_02 | Develops a personal learning network of individuals and organisations including; attending specialist educational meetings and reads specialist journals in special interest areas of practice | M | 1,4 |
| CC_D7_03 | Is able to receive feedback appropriately for the purpose of self-improvement and provides feedback to others when asked | M | 1 |
| CC_D7_04 | Actively participates in the planning and delivery of departmental teaching and training | M | 1,2 |
| Domain 8: Safety in clinical practice | | | |
| CC_D8_01 | Commits to the supremacy of patient safety issues in providing an appropriate level of clinical or educational supervision | M,E | 1,2,3,4 |
| CC_D8_02 | Commits to: <ul style="list-style-type: none"> Understanding the central role human factors plays in developing a culture of safe practice Collaborating with all members of the multi-disciplinary team to enhance safety | M,E | 1,2 |
| CC_D8_03 | Adopts strategies to reduce risk [e.g. the use of the WHO Safe Surgery Checklist] and a willingness to participate in improvement strategies [e.g. critical incident reporting]; acts to rectify error immediately if it is made | M,E | 1,2,3,4 |
| CC_D8_04 | Commits to the elements of clinical governance and recognising that it safeguards high standards of care and facilitates the development of improved clinical services | M,E | 1,2,3,4 |
| CC_D8_05 | Commits to the importance of local health and safety protocols [fire, manual handling etc] | M | 1,2,3,4 |
| CC_D8_06 | Commits to keeping abreast of national patient safety initiatives including National Patient Safety Agency [NPSA], NCEPOD reports, NICE guidelines etc | M,E | 1,2,3,4 |
| CC_D8_07 | Commits to recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. NICE, CSM and Healthcare Products Regulatory Agency and hospital formulary committees | M,E | 1,2,4 |
| CC_D8_08 | Commits to the importance of acknowledging mistakes and mishaps and: <ul style="list-style-type: none"> Talking to patients about untoward events, apologising appropriately, providing clear explanations, acting with integrity and offering the necessary support Participating in de-briefs with all the staff involved Implementing procedures to effect a full investigation Openness and honesty at all times The ability to learn from the errors and minimise likely recurrence | M,E | 1,2,3,4 |
| Domain 9: Medical ethics and confidentiality | | | |
| CC_D9_01 | Commits to behaving in accordance with the principles of medical ethics | M,E | 1,2,3,4 |

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| CC_D9_02 | Commits to following the guidance given by the GMC on confidentiality | M,E | 1,2,3,4 |
| CC_D9_03 | Commits to the principle of the Caldicott Guardian and Information Governance | M,E | 1,2,3,4 |
| Domain 10: Relationships with patients | | | |
| CC_D10_01 | Commits to establishing an open and honest rapport with patients and their carers, tailoring language to their needs | A,M,E | 1,3,4 |
| CC_D10_02 | Commits to encouraging questioning, listening actively and ensuring comprehension by the patient /carers | M,E | 3,4 |
| CC_D10_03 | Commits to obtaining informed and valid consent taking account of the patient's understanding of the issues, answering questions, and considering, where necessary, their mental state and how this may impair their capacity for informed consent | M,E | 1,3,4 |
| CC_D10_04 | Commits to the principle that sensitive communication of bad news is an essential part of professional practice and how it is delivered irretrievably affects the subsequent relationship with the patient | M,E | 3,4 |
| CC_D10_05 | Commits to the principles of an effective apology, which includes explaining comprehensibly to the patient the events leading up to a medical error or serious untoward incident, and sources of support for patients and their relatives | M,E | 3,4 |
| Domain 11: Legal framework for practice | | | |
| CC_D11_01 | Commits to ensuring all decisions and actions are made in the best interests of the patient | M,E | 1,2,3,4 |
| CC_D11_02 | Commits to understanding the legislative framework within which healthcare is provided in the UK and/or devolved administrations, in particular: death certification and the role of the Coroner/Procurator Fiscal; child protection 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 | C,M,E | 1,2,3,4 |
| CC_D11_03 | Commits to understanding principles for negligence e.g. Bolam, and keeping abreast of changes in the legal framework | C,M,E | 1,2,3,4 |
| CC_D11_04 | Commits to cooperating with other agencies with regard to legal requirements including reporting to the Coroner's/Procurator Officer, the Police or the proper officer of the local authority in relevant circumstances | M,E | 3,4 |
| CC_D11_05 | Commits to preparing appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings | M | 3,4 |
| CC_D11_06 | Commits to presenting such material, as is required, in Court and actively supporting more junior colleagues if they are required to present such material | M | 3,4 |

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| CC_D11_07 | Commits to incorporating legal principles into their day to day practice | M,E | 1,2,3,4 |
| CC_D11_08 | Commits to practicing and promoting accurate documentation within clinical practice | M,E | 1,2,3,4 |
| Domain 12: Information technology | | | |
| <p>Advances in Information Management and Technology [IM&T] have changed, and will continue to change, the way education, training and health care is delivered. To work effectively as a doctor in the NHS a trainee must have a commitment to understanding and utilising this technology.</p> <p>Trainees must be able to use information technology effectively in their clinical practice and understand its role in the organisation and planning of services within the NHS. Attainment of the components of the NHS Essential IT Skills programme, NHS ELITE [NHS eLearning for IT Essentials] and NHS Health [NHS eLearning for Health Information Systems], or the relevant parts of the European Computer Driving Licence© [ECDL], may be taken as evidence of acquisition of the skills taught on those programmes. Recommended further reading: ABC of Health Informatics. Frank Sullivan and Jeremy Wyatt. Blackwell BMJ Books, 2006; Guide to Health Informatics. Enrico Coiera. 2nd edition, Arnold, London, 2003</p> | | | |
| CC_D12_01 | <p>Commits to being familiar with the systems that they need to use in their everyday practice to acquire and record information about their patients. These systems may include:</p> <ul style="list-style-type: none"> • Patient Administrations Systems [PAS] • Electronic Patient Records [EPR] • Laboratory and radiology order communication systems • Laboratory Information Management Systems [LIMS] • Theatre management systems • Picture Archiving and Communication Systems [PACS] • Radiology Information Systems [RIS] • Maternity systems | A,C,D,L,E | 1,2,3,4 |
| CC_D12_02 | Commits to the importance of security and confidentiality in using information technology systems | A,D,L,C,E | 1,2 |
| CC_D12_03 | Commits to understanding, and incorporating into practice, issues surrounding data collection and analysis | A,D,C,E | 1,2 |
| CC_D12_04 | Commits to the central role that data protection and confidentiality protocols play within healthcare | A,D,C,E | 1,2 |
| CC_D12_05 | Commits to understanding the ways in which data, information and knowledge come together in the development of guidelines, protocols and care pathways | C,E | 1,2 |
| CC_D12_06 | Commits to accessing, assessing, selecting and applying treatment guidelines, including local adaptations | C,D,E | 1,2,3,4 |

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| CC_D12_07 | Commits to the use of IT systems, such as electronic clinical record systems and electronic drug ordering, as possible ways of contributing to patient safety | C,D | 1,2,3,4 |
| CC_D12_08 | Commits to keeping abreast of IT developments within healthcare, as a way of improving communication. Patient care and safety | C,M | 1,2,3,4 |
| CC_D12_09 | Commits to the principle that different media are essential for good communications | C,D,E | 1,2,3,4 |
| <u>Domain 13: Alcohol and other drugs</u> | | | |
| The use of alcohol and other drugs is widely recognised as a major public health challenge with wide-reaching social and economic consequences. Core competencies that all doctors require to adequately identify and manage patients who use drugs or alcohol, have been incorporated into postgraduate curricula for all specialties. These will help to underpin the attitudes and awareness needed to increase rates of identification and treatment and are a contribution to the wider changes needed to address this major health challenge. | | | |
| CC_D13_01 | Recalls the recommended limits on alcohol intake | E,C | 1,2 |
| CC_D13_02 | Recalls / explains the effects, common presentations and potential for harm of alcohol and other drugs | E,C | 1,2,3 |
| CC_D13_03 | Recalls / explains the range of interventions, treatments and prognoses for use of alcohol and other drugs | E,C | 1,2,3 |
| CC_D13_04 | Recalls / explains the effects of alcohol and other drugs in the unborn child, children and families | A,C | 1,2,3 |
| CC_D13_05 | Recalls / explains the addictive potential of alcohol and other drugs, including prescribed and over the counter medicines | E,C | 1,2,3 |
| CC_D13_06 | Demonstrates assessment of alcohol and other drug use, including taking a history and using validated tools | A,E | 1,2,3 |
| CC_D13_07 | Recognises the wide range of acute and long term presentations involving use of alcohol and other drugs, including but not limited to trauma, depression and hypertension | E,C | 1,2 |
| CC_D13_08 | Demonstrates management and / or referral where appropriate | E,C | 1,2,3,4 |
| CC_D13_09 | Demonstrates provision of brief advice on use of alcohol and other drugs | A,E | 1,2,3,4 |
| CC_D13_10 | Demonstrates confidence and comfort in discussing alcohol and drug use with patients | A,E | 1,2,3,4 |
| CC_D13_11 | Demonstrates appropriate actions to concerns about own or colleagues use of alcohol and / or other drugs | E,C | 1,2,3,4 |
| CC_D13_12 | Demonstrates support, empathy and non-judgemental manner without collusion | C | 1,2,3,4 |