



# Outcomes for provisionally registered doctors with a licence to practise

(The Trainee Doctor)

General  
Medical  
Council

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July 2015

## About the outcomes for provisionally registered doctors

The outcomes for provisionally registered doctors with a licence to practise and the associated list of core clinical and procedural skills were agreed in December 2006. They were published in *The Trainee Doctor* (2011).

*The Trainee Doctor* also included standards for postgraduate training, which have been replaced by *Promoting excellence: standards for medical education and training* published in July 2015.

## Outcomes for provisionally registered doctors

- 1 The *Medical Act 1983* empowers the General Medical Council (GMC) to recognise programmes for provisionally registered doctors with a licence to practise. To be recognised, a programme must provide a provisionally registered doctor with an acceptable foundation for future practice as a fully registered medical practitioner.
- 2 The GMC determined that from 1 August 2007, doctors with provisional registration with a licence to practise in foundation year one (F1 doctors) must demonstrate these outcomes in order to be eligible to apply for full registration.
- 3 These outcomes must be demonstrated on different occasions and in different clinical settings as a professional in the workplace demonstrating a progression from the competence required of a medical student. They do not preclude doctors gaining additional appropriate experience; in fact progression is encouraged.
- 4 The GMC has approved the content of programmes for provisionally registered doctors by approving the Foundation Programme Curriculum published by the Academy of Medical Royal Colleges Foundation Committee. The outcomes have been mapped onto the Foundation Programme Curriculum. A programme delivering the Foundation Programme Curriculum will enable F1 doctors to meet these outcomes.

## Good clinical care

- 5 F1 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 registered with the GMC. Our ethical guidance is available on our website at [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance)
  - c demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient\* at the centre of their practice by:
    - obtaining an appropriate and relevant history and identifying the main findings
    - carrying out an appropriate physical and mental health examination

\* 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' where relevant and appropriate.

- using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis
- asking for and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner
- establishing a differential diagnosis where possible and considering what might change this
- demonstrating knowledge of treatment options and the limits of evidence supporting them
- asking for patients' informed consent (under supervision) in accordance with GMC guidance
- 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)
- using medicines safely and effectively (under supervision) including giving a clear explanation to patients
- demonstrating an understanding of the safety procedure involved in prescribing controlled drugs
- keeping (or arranging for the keeping of) accurate and clear clinical records that can be understood by colleagues
- demonstrating that they can perform core clinical and procedural skills safely. These core clinical and procedural skills are set out in the following section
- 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. They must also be able to show that they have knowledge of systems of quality assurance, including clinical governance, and demonstrate an application of the principles of risk management to their medical practice. This includes knowledge and explanation of the procedure 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 about health inequalities.

## Maintaining good medical practice

### 6 F1 doctors must:

- a** develop a portfolio that includes 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:
  - achievement of the requirements in this guidance, including workplace-based assessments
  - ability to identify, document and meet their educational needs
  - learning through reflection on their practice
  - knowledge of the theory of audit, including change management
- b** be able to explain how to contribute to audit and how the results of audit can improve their practice and that of others
- c** embrace 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

### 7 F1 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 other colleagues they work with.

## Relationships with patients

**8** F1 doctors must:

- a** demonstrate knowledge of the theory and demonstrate the ability to ensure that effective relationships with patients 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. They 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. F1 doctors should be aware that carers, supporters and advocates (who speak on behalf of patients) often have to be included in the information given to patients. In the case of people with communication difficulties or difficulties processing information, carers, supporters and advocates must be 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, the patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, 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

**9** F1 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, age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, 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 and, where appropriate, share information with other professionals and agencies in accordance with GMC guidance on consent.

## Probity

**10** F1 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

**11** F1 doctors must:

- a** demonstrate knowledge of their responsibilities to look after their health, including maintaining a suitable balance between work and personal life, and knowing how to deal with personal illness to protect patients

- b** take responsibility, in line with *Good medical practice*, for their own health in the interests of public safety. If they know, or have reasons to believe, that they have 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. They must not rely on their own assessment of the risk to patients.

## **Core clinical and procedural skills for provisionally registered doctors\***

- 1** Venepuncture
- 2** IV cannulation
- 3** Prepare and administer IV medications and injections
- 4** Arterial puncture in an adult
- 5** Blood culture from peripheral sites
- 6** Intravenous infusion including the prescription of fluids
- 7** Intravenous infusion of blood and blood products
- 8** Injection of local anaesthetic to skin
- 9** Injection – subcutaneous (eg insulin or LMW heparin)
- 10** Injection – intramuscular
- 11** Perform and interpret an ECG
- 12** Perform and interpret peak flow
- 13** Urethral catheterisation (male)
- 14** Urethral catheterisation (female)
- 15** Airway care including simple adjuncts (eg Guedel airway or laryngeal masks)

## **The legal framework for programmes for provisionally registered doctors**

- 12** The powers and duties of the GMC in regulating medical education are set out in the Medical Act 1983.
- 13** Provisional registration is granted for the purposes of completing an acceptable programme for provisionally registered doctors.
- 14** From the introduction of the licence to practise, any person whose fitness to practise is not impaired and who holds one or more primary United Kingdom qualification and has satisfactorily completed an acceptable programme for provisionally registered

\* The core clinical and procedural skills were amended on 29 July 2009 and effective from August 2010.

doctors, is entitled to be registered under section 3 of the 1983 Act as a fully registered medical practitioner.

- 15** All training programmes for provisionally registered doctors must deliver the outcomes and meet the GMC's standards for medical education and training.
- 16** From 1 August 2007, F1 doctors are required to meet the outcomes for provisionally registered doctors with a licence to practise before being eligible to apply for full registration.\*
- 17** Provisionally registered doctors will be able to demonstrate they have met the outcomes by successfully completing the requirements of the F1 Foundation Programme Curriculum published by the Academy of Medical Royal Colleges Foundation Committee.
- 18** To obtain full registration a programme for provisionally registered doctors of 12 months' duration must be completed.†
- 19** Satisfactory completion of a programme for provisionally registered doctors is confirmed by the completion of the Certificate of Experience. Universities, or their designated representative in postgraduate deaneries, local education and training boards or foundation schools, will be required to certify that provisionally registered doctors have met the outcomes set by the GMC and have completed a programme for provisionally registered doctors of 12 months before full registration is granted.
- 20** Bodies that may provide, arrange or be responsible for programmes for provisionally registered doctors are postgraduate deaneries in England (local education and training boards), Northern Ireland (the Northern Ireland Medical and Dental Training Agency), Scotland and Wales (the School of Postgraduate Medical and Dental Education at Cardiff University)‡, and local education providers.§
- 21** Locum Appointment for Service (LAS) posts, which are used for service delivery and do not provide training that meets the GMC's standards and outcomes, will not enable foundation doctors to meet the requirements for satisfactory completion of F1 or the Foundation Programme. LAS posts must not be undertaken by provisionally registered doctors.

\* See section 10A(2)(c) of the 1983 Act. The GMC agreed the outcomes on 6 December 2006.

† See section 10A(2)(a) of the 1983 Act.

‡ See Section 10A(2)(b) of the 1983 Act.

§ Determined by the GMC on 2 February 2011 under section 10A(2)(b) of the 1983 Act.

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