

CIP GUIDE

Statement of Expectations and Guidance for CiP 1

CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality, safe and empathetic patient-centred care.

1 What is this CiP about?

This CiP is designed to ensure that trainees in CSRH acquire the skills, knowledge and attributes needed to apply relevant medical knowledge using their clinical skills and communicating effectively to enable people to make informed decisions on their care.

During training, doctors should be exposed to and participate in a wide variety of clinical situations, as well as attending educational events and multi-professional meetings to support their learning in this area. The ability to reflect on and learn when encounters have gone well or indeed where the outcome has been unexpected, are skills that should be developed and consolidated as training progresses. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis	<ul style="list-style-type: none"> • Takes a detailed and focused history either in person or using available technologies and analyses it in a succinct and logical manner. • Recognises and resolves communication difficulties including the need for an interpreter. • Understands the impact of social, cultural and psychological factors on the physical and mental health of the individual and their relatives or carers. • Conducts appropriate clinical examination maintaining respect for individual dignity, confidentiality and diversity. • Acknowledges the request for a doctor of a particular gender. • Acknowledges the need for a chaperone. • Selects appropriate investigations and interprets the results using sound clinical judgement. • Lists possible diagnoses and applies clinical judgement to arrive at a working diagnosis • Documents clinical encounters in an accurate, complete, timely and accessible manner in compliance with legal requirements. • Monitors and manages personal and professional ethical standards arising from patient interactions.
Facilitates discussions	<ul style="list-style-type: none"> • Uses empathy, respect and compassion when communicating with a patient to build trust and independence. • Promotes shared awareness and understanding by making explanations to patients in language they can understand. • Recognises the hidden agenda or unvoiced concerns in consultations. • Deals with embarrassing and disturbing topics sensitively and without judgement and responds effectively to disclosure.
Facilitates therapeutic decision making for people of all sexes and genders	<ul style="list-style-type: none"> • Shares information in an honest and unbiased way. • Considers views, preferences and expectations when working with patients to establish a patient-centred management plan. • Provides written or digital information in an appropriate format. • Promotes shared awareness and understanding by using clear, simple and jargon-free language in explanations to patients

Provides treatment	<ul style="list-style-type: none"> • Demonstrates a commitment to high quality care which is safe and effective and delivers a good patient experience. • Identifies safeguarding concerns in children and vulnerable adults and makes appropriate referrals. • Manages problems in a structured and flexible way. • Prescribes medicine, blood products and fluids correctly, accurately and unambiguously and with due regard to relevant drug interactions in accordance with GMC and other guidance. • Determines responsibility for follow up, including appropriate intervals for review, location of care, instructions on accessing emergency help and changing or cancelling appointments. • Works effectively within a multi-professional team to meet the needs of the individual. • Recognises limitations and escalates and transfers care where appropriate.
Applies all legal and ethical frameworks appropriate to clinical practice	<ul style="list-style-type: none"> • Follows GMC guidance on professionalism and confidentiality • Understands the legislative and regulatory framework within which healthcare is provided in the four nations of the UK • Understands the human rights principles and legal issues surrounding informed choice, valid consent and respectful care, including key legal rulings

These **Key Skills** also map to a variety of generic professional capabilities developed by the GMC. Evidence supporting progress in this CiP should link to generic capabilities such as dealing with complexity, teamwork and leadership and knowledge of patient safety issues. To help trainees and trainers assess progress in this CiP, there is a Statement of Expectations for trainees at each stage of training. It offers guidance as to what constitutes acceptable progress in each training year.

Descriptors are assigned to each Key Skill. It is important to note that they are given as guidance as to the kinds of activity that will help a trainee self-assess as to their progress with the acquisition of the Key Skill. Other activities that could be said to belong to that Key Skill are not excluded, hence the list is not exhaustive.

Statement of expectations CiP 1	
ST1–3 Meeting expectation	A trainee who is meeting expectations will be able to take a detailed, focused history and conduct appropriate clinical examinations taking into consideration the personal circumstances of the individual. Their

	<p>documentation is accurate, complete, timely and accessible, in compliance with legal requirements. They will select appropriate basic investigations and correctly interpret results, while discussing more complex investigations with senior colleagues. They will have the ability to independently list possible diagnoses and apply clinical judgement to arrive at a working diagnosis. They will use empathy, respect and compassion when communicating to build trust. They will use active listening skills and respond sensitively and non-judgementally to the disclosure of embarrassing or disturbing topics. They will prescribe medicines, blood products and fluids correctly, accurately and unambiguously</p>
<p>ST4–5 Meeting expectation</p>	<p>A trainee who is meeting expectations will continue to make progress as outlined above for ST1-3 but with increasingly complex cases. They will modify their approach when an individual's personal circumstances may have an impact on engagement and care. They will consider views, preferences and expectations when working with individuals to establish a person-centred management plan. They facilitate the patient's decision-making, sharing information in a non-judgemental fashion and using interpreters where necessary to create the conditions for informed choice and valid consent. They will understand their limitations and escalate care where appropriate. They demonstrate an ability to recognise and deal with complex situations.</p>
<p>ST6 Meeting expectation</p>	<p>In addition to the earlier levels outlined, a trainee who is meeting expectations will continue to make progress with increasingly complex cases and increasing independent management. They will create the conditions for valid consent to be given, explaining the risks and benefits of, or rationale for, a proposed procedure or treatment. They deliver safe and effective high-quality care, tailored to varying individual circumstances, resulting in a good patient experience. They determine responsibility for follow up, monitoring and</p>

	instructions on accessing emergency help. They engage and liaise with a variety of services (for example child protection and social services) to ensure safe care. The trainee will be on track to meet all the key skills in this CiP by the end of training.
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2 What kind of evidence might be relevant to this CiP?

- CbD
- Mini-CEX
- TO2
- PSQ
- MFSRH Part 2
- Reflective practice
- Attendance at Safeguarding Case Conferences
- Evidence of making multi-agency referrals for specialist support such as Safeguarding/MARAC/Domestic Abuse/CSE
- Formal communication skills training
- Deanery/Trust teaching on any relevant topics such as safe prescribing

This list is not exhaustive. Trainees and supervisors can discuss and agree other sources of relevant evidence. They should also refer to [the Matrix of Progression](#) which sets out the key overall requirements for progression at each stage of training.

3 What are the Knowledge Requirements for this CiP?

The [Knowledge Requirements](#) for all CiPs are contained in a single document, available on the FSRH website. They are not listed here because they also constitute the MFSRH syllabus which needs to be a separate document for all examination candidates, some of whom are not CSRH trainees.

4 When can this CiP be signed off?

A trainee can make a self-assessment of their progress in this CiP at any point in the training year. The first question for a trainee to ask themselves is,

- Do I think I meet the expectations for this year of training?

If the answer is yes, then the next questions to ask are:

- Have I produced evidence and linked that evidence to support my self-assessment?
- Is this evidence at the right level of complexity for my year of training?
- Do I understand the knowledge requirements of this CiP? If not, do I need to look at the knowledge requirements/MFSRH syllabus?

Once the trainee has completed the self-assessment the educational supervisor (ES) needs to review the evidence and ask the same questions:

- Is this sufficient evidence to sign off the CiP?
- Am I happy there is evidence to support the acquisition of key skills?
- Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?
- Is there other evidence that has been missed?
- Is the level right for this trainee? Are they meeting the standards in the statement of expectations?

When the ES judges that the trainee has met the expectations for that year, they can sign off the CiP. Most crucially, this is a global judgement which does not have to be linked to key skills. One piece of well-presented evidence with some reflection may be enough to sign off the CiP. It is the **quality** of the evidence, not the quantity, which is key. Remember also that one piece of evidence can be used up to three times across the CiPs.

5 Are there any examples or case studies?

Example 1 – ST2 trainee (ES focus)

You are an ES having a meeting with an ST2 trainee, who asks for sign-off of CiP 1. After considering the questions regarding the evidence< they feel that they meet the statement of expectations. They have submitted the following evidence linked to the CiP from the evidence boxes:

- Good quality MiniCEX of observed examination and communication showing ability to take an appropriately focused history and examination
- High-quality CBD of an average complexity case, outlining understanding of the case, appropriate investigations and initial management plan
- Reflection showing evidence of learning from a Safeguarding referral
- TO2 showing evidence of good communication skills
- Attendance at formal teaching session on basic clinical and communication skills.

As an ES you have reviewed the trainee's TO2 which highlights that the trainee works well in a multidisciplinary team and is able to escalate care appropriately

The statement of expectations for an ST2 trainee who is meeting expectations in CiP 1 is as follows:

- A trainee who is meeting expectations will be able to take a detailed, focused history and conduct appropriate clinical examinations taking into consideration the personal circumstances of the individual.
- Their documentation is accurate, complete, timely and accessible, in compliance with legal requirements.
- They will select appropriate basic investigations and correctly interpret results, while discussing more complex investigations with senior colleagues.

- They will have the ability to independently list possible diagnoses and apply clinical judgement to arrive at a working diagnosis.
- They will use empathy, respect and compassion when communicating to build trust.
- They will use active listening skills and respond sensitively and non-judgementally to the disclosure of embarrassing or disturbing topics.
- They will prescribe medicines, blood products and fluids correctly, accurately and unambiguously

Therefore, based on your meetings with the trainee and the evidence which is linked to the CiP, you can feel confident in signing off this CiP for this ST2 trainee.

Example 2 – ST6 trainee (trainee focus)

You are an ST6 trainee considering sign-off for CiP 1. You are 7 months into ST6 and have submitted the following evidence linked to the CiP:

- Several MiniCEXs of routine clinical cases, one using a telephone interpreter and one with an under 16 year old.
- Reflection on a case with an adverse outcome where there were communication difficulties and a subsequent complaint
- Limited reflection, which does not show evidence of an understanding of the need to provide accurate information in a way that is accessible to the individual in order to facilitate informed choice and valid consent
- Certificate of attendance at communication skills course

The Statement of Expectations for an ST6 trainee who is meeting expectations in CiP 1 is as follows:

- Trainee who is meeting expectations will continue to make progress with increasingly complex cases and increasing independent management.
- They will create the conditions for valid consent to be given, explaining the risks and benefits of, or rationale for, a proposed procedure or treatment.
- They deliver safe and effective high-quality care, tailored to varying individual circumstances, resulting in a good patient experience.
- They determine responsibility for follow up, monitoring and instructions on accessing emergency help.
- They engage and liaise with a variety of services (for example child protection and social services) to ensure safe care.
- The trainee will be on track to meet all the key skills in this CiP by the end of training.

You discuss this CiP and your request to be signed off with your ES at your next meeting.

The ES considers the key questions:

Is this sufficient evidence to sign off the CiP? Am I happy there is evidence to support the acquisition of key skills?

- There is limited evidence and limited reflection. There are concerns about their communication skills as evidenced by the complaint and the limited reflection following this event and that overall, there is insufficient evidence to be able to sign

off this CiP at the present time. They discuss with the trainee the expectation that WPBAs should cover increasingly complex cases at this stage of training and should show evidence of putting into practice communication skills that have been learned earlier in training.

Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?

- The trainee has several other WPBAs in their ePortfolio covering complex cases attached to CiP 8 which could have been used and is encouraged to also link them to this CiP.

Is there other evidence that has been missed?

Is the level right for this trainee? Are they meeting the standards in the statement of expectations?

- The ES also discusses with the trainee that the reflection has raised some concerns regarding the trainee's communication skills, particularly with the multi-professional team. These concerns had also been raised in the trainee's TO2 previously. They discuss the importance of good communication with the team in order to provide safe and effective care. They agree a plan for the trainee to attend a conflict resolution/negotiation communication course, to provide reflection on this, and complete further TO1s and a PSQ. The trainee leaves the meeting with a clearer understanding of what needs to be achieved having updated their personal development plan, and a further date set to review their progress.