

# CIP GUIDE

## Statement of Expectations and Guidance for CiP 3

### CiP 3: The doctor is able to work successfully within health services at organisational and systems levels.

#### 1 What is this CiP about?

This CiP is designed to ensure that trainees in CSRH acquire the skills, knowledge and attributes needed to work effectively within modern healthcare organisations, as part of their NHS Trust and within the wider regional and national context of collaborative healthcare provision. It is expected that a consultant in CSRH will promote safe, effective and transparent systems within their own service via established clinical governance processes and will adhere to national standards of best practice applicable to patient safety.

During training, doctors should be exposed to and participate in a wide variety of scenarios as well as attending educational events to support their learning in this area. The ability to reflect on and learn when projects have gone well or indeed when they have not done so are all skills that should be developed and consolidated as training progresses. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Participates in clinical governance processes	<ul style="list-style-type: none"> <li>• Follows safety processes that exist locally and nationally.</li> <li>• Actively engages in clinical governance processes.</li> <li>• Understands the way in which incidents can be investigated and the theory that underpins this.</li> <li>• Participates in incident investigations and links recommendations to quality improvement.</li> <li>• Understands Duty of Candour and discusses harmful patient safety incidents with patients and their relatives accurately and appropriately.</li> </ul>
Understands systems and organisational factors	<ul style="list-style-type: none"> <li>• Recognises how equipment and environment contribute to outcomes and patient safety.</li> <li>• Is aware of latent and active failures within healthcare systems and the effects on safety.</li> <li>• Promotes a safety culture and escalates safety concerns through the appropriate systems.</li> </ul>

	<ul style="list-style-type: none"> <li>• Understands the concept of “high reliability” organisations and the relevance to improving outcomes in healthcare.</li> </ul>
Influences and negotiates	<ul style="list-style-type: none"> <li>• Develops and evaluates own preferred negotiation style.</li> <li>• Can handle a variety of negotiation challenges.</li> <li>• Understands and is able to secure and consolidate agreements.</li> </ul>
Understands the healthcare systems in the four nations of the UK	<ul style="list-style-type: none"> <li>• Understands the NHS constitution and its founding principles.</li> <li>• Understand how healthcare systems are currently funded and commissioned and know the key organisational structures.</li> <li>• Understand the role of government and relevant agencies and public bodies.</li> <li>• Appreciate the role of third sector organisations within health and social care.</li> <li>• Demonstrates an awareness of budget and resource management.</li> </ul>

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 3	
<b>ST1–3 Meeting expectation</b>	A trainee who is meeting expectations will be able to understand the NHS constitution and how healthcare services are currently commissioned, funded and delivered. The trainee will actively participate in promoting a safety culture. The trainee will be aware of the role of investigating and responding to incidents and complaints. They should demonstrate an understanding of key skills in clinical governance.
<b>ST4–5 Meeting expectation</b>	A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will be able to demonstrate

	<p>an awareness of the role of government and the agencies and public bodies who work with the Department of Health. They will promote a safety culture and will have participated in or observed clinical incident and complaint investigations and demonstrate a knowledge of the theory that underpins these investigations. The trainee will have participated in local risk management meetings. The trainee will demonstrate an understanding of the Duty of Candour in modern healthcare and how it relates to their practice. They will have some understanding of budget and resource management as they relate to NHS departments.</p>
<p><b>ST6</b> <b>Meeting expectation</b></p>	<p>In addition to the earlier levels outlined, a trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They will have a good understanding of the role of government and the agencies and public bodies who work with the Department of Health and actively participate in relevant meetings. The trainee will demonstrate an awareness of the role of other third sector public bodies in the provision and regulation of healthcare. They will actively promote a safety culture. They will participate in incident analysis, complaint investigations and risk management and link recommendations to quality improvement. They are skilled at engaging with patients in improving patient safety and experience. The trainee will be on track to meet all the key skills in this CiP by the end of training.</p>

## 2 What kind of evidence might be relevant to this CiP?

- CbD
- Mini-CEX
- Reflections
- MFSRH Part 2
- Participation in a critical incident review
- Minutes demonstrating attendances and contribution to relevant meetings within local/regional or national healthcare economy
- Anonymised reports e.g. complaints or root causes analyses

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 – ST3 trainee (ES focus)**

You are an ES having a meeting with an ST2 trainee, who asks for sign-off of CiP 3. 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:

Examples of evidence

- Statement drafted by the trainee in response to a complaint letter from a patient regarding the care they have received in the service

The statement of expectations for an ST2 trainee who is meeting expectations in CiP 3 is as follows:

- A trainee who is meeting expectations will be able understand the NHS constitution and how healthcare services are currently commissioned, funded and delivered.
- The trainee will actively participate in promoting a safety culture.
- The trainee will be aware of the role of investigating and responding to incidents and complaints.
- They should demonstrate an understanding of key skills in clinical governance.

You consider the following key questions:

- **Is this sufficient evidence to support sign-off of the CiP? Am I happy there is evidence to support the acquisition of key skills?**
- **Is this the best evidence?**
- **Is the level right for the trainee?**

Therefore, based on your meetings with the trainee and the lack of evidence which is linked to the CiP and the lack of evidence to support acquisition of key skills, you feel unable to sign the CiP off at ST2. You discuss this with the trainee and suggest that they attend the local Clinical Governance meeting, read through the investigations of recent incident reports and complete Trust mandatory training on data governance. In addition, you suggest that they complete a reflection on the written complaint letter.

### **Example 2 – ST6 trainee (trainee focus)**

You are an ST6 trainee considering sign-off for CiP 3. You are 7 months into ST6 and have submitted the following evidence linked to the CiP:

- Attendance certificate from National Patient Safety conference
- Reflective practice on conducting an informal complaint meeting with consultant support
- Evidence of leading local risk management meetings
- QI project on setting up social media for LARC preassessment initiative
- Mini CEX on partial perforation of uterus with IUS in a patient who was breastfeeding
- Datix for partial perforation
- Reflective practice on partial perforation

You feel that the evidence matches the Statement of Expectation for ST6 because it demonstrates that you not only have knowledge but have applied this to your work as a doctor, and that you have evidence demonstrating effectively how these skills have developed and translated into practice during the last training year as a senior trainee.

The Statement of Expectations for an ST6 trainee who is meeting expectations in CiP 3 is as follows:

- In addition to the earlier levels outlined, a trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training.
- They will have a good understanding of the role of government and the agencies and public bodies who work with the Department of Health and actively participate in relevant meetings.
- The trainee will demonstrate an awareness of the role of other third sector public bodies in the provision and regulation of healthcare.
- They will actively promote a safety culture, the ways in which incidents can be investigated and the theory that underpins this.
- They will participate in incident and complaint investigations, risk management and link recommendations to quality improvement.
- They are skilled at engaging with patients in improving patient safety and experience.
- 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 support sign-off of the CiP? Am I happy there is evidence to support the acquisition of key skills?**

- In this case there is a wide range of evidence to support the key skills within the CiP. There is evidence of deep reflection and learning, and much discussion on how these skills will be used in their role as a consultant.

**Is this the best evidence?**

- The evidence is broad and covers most of the key skills for the CiP. There is a focus on learning from these events.

**Is the level right for the trainee?**

- You feel that these are at the right level, or in advance of the stage of training. There is evidence of very robust reflection and broad learning for organisations following adverse incidents. Based on the evidence which has been submitted and discussions with the trainee, the ES feels confident that the trainee has met the expectations for ST6