

**Minimum Requirements for Assessments and Assessors of Foundation Doctors**

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| <b>Applicable to:</b>   | All Foundation Schools and Local Education Providers within London Deanery |
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**List of abbreviations**

FY1 First Foundation Year  
 FY2 Second Foundation Year

**Introduction**

1. Work-based assessment and feedback are fundamental aspects of the Foundation Programme. They provide a ‘snapshot’ of the Foundation Doctor’s competence within the work place at a specific point in time. Used together with other forms of assessment, such as portfolio review and reflective practice, they build a picture of evidence for each Foundation Doctor that documents progress, achievements and areas for development in knowledge, skills and attitudes.
2. All Foundation Doctors are subject to assessment by trained and competent Assessors and should demonstrate that they have met the defined competencies in the workplace using structured assessment tools. Satisfactory completion of assessments form an essential part of the criteria for FY1 and FY2 sign off.
3. This document has the following purposes:
  - a. To define the minimum requirements for assessments and Assessors of all Foundation Doctors working within the London Deanery.

- b. To ensure that all Foundation Doctors working within the London Deanery are assessed to the same standards.
4. It is expected that all Local Education Providers review regularly their practices against this policy and make any adjustments necessary.
5. The current policy applies to both years of the Foundation Programme.
6. It is required that Local Education Providers ensure that everything related to Foundation Doctor's assessments (e.g. assessment tools and how to find Assessors) are explained to Foundation Doctors as part of their Local Education Provider Induction programme.
7. This document should be read in conjunction with the '*Professional Development Framework for Supervisors in the London Deanery*' available at [www.faculty.londondeanery.ac.uk](http://www.faculty.londondeanery.ac.uk).
8. The London Deanery and Foundation Schools will monitor Local Education Providers against this policy through their quality management process.

### **Assessment Principles**

9. FY1 Doctors must be assessed against the standard of competence that is expected of a Foundation Doctor completing the Foundation year one and FY2 Doctors must be assessed against the standard of competence that is expected of a Foundation Doctor completing the Foundation year two. A more detailed list of competencies required to be achieved by Foundation Doctors can be found in the Foundation Programme Curriculum <http://www.foundationprogramme.nhs.uk/pages/home/key-documents#foundation-programme-curriculum>.
10. The Key Principles of the Assessment Process are:
  - Competence based
  - Foundation Doctor led
  - In-work assessment
  - Fair and based on evidence
  - An open and transparent process
  - Immediate feedback to the Foundation Doctor
  - Produce an educational effect

### **Assessment Tools**

11. All Local Education Providers should use the following four work-based assessment tools for the assessment of Foundation Doctors:

- ✓ **Mini-Peer Assessment Tool (mini-PAT)** – a Multi-Source Feedback (MSF) tool which provides feedback from a range of co-workers;
  - ✓ **Mini Clinical Evaluation Exercise (mini-CEX)** - an evaluation of an observed clinical encounter where developmental feedback is provided immediately after the encounter;
  - ✓ **Direct Observation of Procedural Skills (DOPS)** – a structured checklist for the assessment of practical procedures. DOPS is another doctor-patient observed encounter and could replace or parallel mini-CEX in some circumstances;
  - ✓ **Case-based Discussion (CbD)** - a structured discussion of clinical cases managed by the Foundation Doctor. Its particular strength is evaluation of clinical reasoning.
12. It should be noted that the assessment tools are the same for both years of the Foundation Programme, but what differs is the level of competence and expertise that Foundation Doctors are required to demonstrate through these tools.
13. All London Foundation Doctors and their Assessors are required to use the assessment tools available in e-Portfolio. Use of paper forms is not acceptable.
14. More detailed guidance on which tool is recommended to be used for the assessment of the required area of competence can be found in Appendix A.

### Assessors

15. In order to assure fairness and reproducible quality of the assessment process, the assessments should be conducted by trained, well-prepared and competent Assessors.
16. Each Local Education Provider should maintain a list of 'approved' Assessors (including records of their training undertaken) from which Foundation Doctors can nominate their Assessors. The main hospital Trust who is responsible for Foundation Doctors throughout the programme should also maintain a list of 'approved' Assessors who are based out of the main hospital (e.g. Assessors in GP practices and Mental Health Trusts).
17. The following list of people will be accepted to assess Foundation Doctors once appropriately trained and accepted as Assessors by the Postgraduate Centre:
- ✓ Mini-PAT - Any grade of doctor or nurse and any appropriately qualified healthcare professional.

However, it should be noted that each Foundation Doctor is required to nominate a minimum of 12 co-workers to conduct the assessment. This group of people should include at least:

- 2 Assessors amongst Consultants/GPs

- 3 Assessors consisting of a mixture of Specialist Trainee, Associate Specialist or Staff Grade
- 5 Assessors consisting of a mixture of Ward Manager, Sister, Senior Staff Nurse, Health Visitor, Midwife

In addition, the rest of the nominated Assessors may include a mixture of FY1, FY2 (maximum 2), Allied Health Professionals or Administrative staff.

- ✓ Mini-CEX – Consultant, GP, Associate Specialist, Staff Grade, Specialist Trainee
- ✓ DOPS – Consultant, GP, Associate Specialist, Staff Grade, Specialist Trainee , Nurse, Allied Health Professional, Physician’s Assistant with expertise in this procedure
- ✓ CbD – Consultant, GP, Associate Specialist, Staff Grade, Specialist Trainee at the level 3 or above

18. The following people are not suitable to assess Foundation Doctors and should not complete any of the assessments:

- ✓ Medical students, student nurses and others not yet qualified
- ✓ Patients
- ✓ Foundation Doctors themselves (excluding a self Mini-PAT assessment form and a Mini-PAT form for fellow Foundation Doctors).

N.B! Foundation Doctors should be informed that completing their own assessments is a probity issue.

19. A different Assessor should be used for each assessment, wherever possible. Assessors at senior (Consultant or above) level may undertake more than one assessment with a Foundation Doctor. Assessors at junior level should not assess the same Foundation Doctor more than once.

**Assessors Training Requirements**

20. All Assessors are required to demonstrate competence and are expected to have undertaken relevant training in the areas described below before being allowed to assess any Foundation Doctor.

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| <b>The Assessor should demonstrate knowledge of:</b>  |
| <p><b>a) Principles of workplace-based assessments</b></p> <ul style="list-style-type: none"> <li>✓ s/he understands the purpose and principles of workplace-based assessments</li> <li>✓ s/he is able to separate appraisal from assessment</li> </ul> |

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| <p><b>b) Assessment tools and methodology</b></p> <ul style="list-style-type: none"> <li>✓ s/he distinguishes between formative and summative assessment</li> <li>✓ s/he is aware of the methodology and the content of the assessment tools</li> <li>✓ s/he understands the assessment process, including the forms s/he is required to complete</li> </ul> |
| <p><b>c) Giving effective feedback*</b></p> <ul style="list-style-type: none"> <li>✓ s/he is aware of the principles of giving effective feedback and knows how to use feedback and debriefing to support learning (not required for Mini-PAT)</li> </ul>  |
| <p><b>d) The Foundation Programme Curriculum</b></p> <ul style="list-style-type: none"> <li>✓ s/he has knowledge of the level of performance expected of the Foundation Doctor towards the end of their training year</li> </ul>   |
| <p><b>e) Equality and Diversity</b></p> <ul style="list-style-type: none"> <li>✓ s/he understands and applies fairness and equality of opportunity</li> </ul>  |

*\*not required for Mini-PAT*

21. Supervisors who have been selected and appropriately trained in accordance with the 'Professional Development Framework for Supervisors in the London Deanery' ([www.faculty.londondeanery.ac.uk/professional-development-framework-for-supervisors](http://www.faculty.londondeanery.ac.uk/professional-development-framework-for-supervisors)) are considered to have satisfied these requirements.
22. There is no one course that will deliver all of the relevant training and it is recognised that Assessors will choose to access training from a variety of sources.
23. There are a number of different models of training for Assessors that are recognized, for example:
  - a) Deanery-led assessment training sessions
  - b) Trust-led courses
  - c) E-learning packages, e.g. e-LfH and the London Deanery Faculty Development websites
24. It is important that each Local Education Provider has a process in place that validates the knowledge and skills required from Assessors to prevent challenges against the validity of the assessment and assures the quality of the process. For example, it is highly recommended that Assessors who have been unable to access formal training (see models 23a and 23b above) seek to have their assessment skills observed and validated either by their Clinical Tutor, Foundation Programme Training Director or another Consultant colleague recognized by the Postgraduate Centre who has been trained in relevant areas.
25. Once the recognised training has been undertaken, it is not necessary to repeat it, although Assessors are expected to maintain and improve their skills and knowledge on an ongoing

basis to ensure they remain up-to-date. Each Local Education Provider should review and re-validate the skills and knowledge of 'Accepted Assessors' at three yearly intervals.

26. During the period of transition (Aug 2009-January 2010), each Local Education Provider should maintain and provide Foundation Doctors with a list of 'provisionally accepted Assessors'. This means that the group of people listed in paragraph 17 may conduct assessments regardless of training undertaken, if they are registered with the Postgraduate Centre and informed of which type of assessment they can conduct (e.g. a Specialist Trainee at the level 1 should not be allowed to conduct CbD). It is expected that from the end of January 2010, all Assessors will be trained and accepted as 'approved Assessors' (see paragraphs 15-25) before they are allowed to assess any Foundation Doctor.

### **The Number of Assessments and Target timeline for Completion**

27. Each Foundation Doctor must complete during each Foundation Year a minimum of:
- ✓ 6 DOPS
  - ✓ 6 Mini-CEX
  - ✓ 6 CbD
  - ✓ 2 rounds of Mini-PAT (including a Self-Mini-PAT each)
28. The assessments should be spread across the whole Foundation Year and must be completed by the end of May each year.
29. The London Deanery advises that Foundation Doctors undertake and complete at least two each of Mini-CEX, DOPS and CbDs in each four months placement (i.e. two of each assessments should be completed by the end of November, next two by the end of March and last two by the end of May).
30. The first mini-PAT should be undertaken by the end of November and the second mini-PAT by the end of March. A third mini-PAT may be required only if there are concerns raised by the Foundation Training Programme Director.
31. In some specialties, where it may be difficult to undertake certain forms of assessments (e.g DOPS in Psychiatry), the Foundation Doctor should seek the advice from the Educational Supervisor on how to spread the assessments to compensate for this.
32. Foundation Doctors on academic programmes who have undertaken the academic part of their programme as their first or second component will need to manage their assessments according to a slightly different timescale, and should complete their assessments by the end of June.

33. Foundation Doctors on flexible or part-time programmes will also need to manage their assessments according to a different timescale and should seek the advice from the Educational Supervisor on how best to spread the assessments across the programme.

### **Completion of Assessments**

34. It is the Foundation Doctor's responsibility to arrange the assessment, choose the Assessor and the procedure/case.
35. The needs of disabled Foundation Doctors or Foundation Doctors with any other specific needs should be taken into account in assessment arrangements.
36. The Assessor is responsible for completing the online assessment forms.
37. While assessing the Foundation Doctor, the Assessor should ensure that:
- ✓ s/he has enough time to conduct the assessment (the whole process should take no longer than 20 minutes (including 5 minutes feedback), but it is the Assessor's responsibility to ensure that the process has not been rushed through
  - ✓ s/he only fills in the sections on the form where s/he has had a chance to observe the Foundation Doctor enough to make a judgement
  - ✓ s/he only answers the questions that relate to their personal experience and that they are competent to comment on
  - ✓ no form is completed without direct observation
  - ✓ s/he lets the scoring and comments reflect the competencies required to demonstrate at the level of training
  - ✓ a judgement is made based on the Foundation Doctor's performance only
  - ✓ the full range of the rating scale is used. Comparison should be made with a Foundation Doctor who is ready to complete the Foundation Programme. It is expected that ratings below 'meets expectations for FY1 or FY2 completion' will be in keeping with the Foundation Doctor's level of experience early in each year. Some descriptors for a satisfactory Foundation Doctor can be found in Appendix B.
38. Foundation Doctors should know that, to ensure fairness and equality of opportunity, all assessments will be subject to monitoring by the Educational Supervisor, the Foundation School or the Deanery by reviewing their portfolios.

### **Lack of Progress in Assessments**

39. All Foundation Doctors will be expected to perform satisfactorily during their assessments throughout the Foundation Programme and demonstrate the progress towards the full competence in the areas required from Foundation Doctors by the end of the FY2.

40. Foundation Doctors may achieve positive results in individual assessments. However, if the Assessors still doubt the Foundation Doctor's overall professional standards or behaviour, then there should be further assessment.
41. Where the Foundation Doctor is failing to meet the target deadline for the assessments or complete the required number of assessments satisfactorily, the Local Faculty Group must be informed. The relevant Educational Supervisor or Foundation Training Programme Director should arrange a meeting with the Foundation Doctor to discuss the reasons for failure to complete the required assessments and agree the action plan. The Foundation School must be informed through the end of placement reporting system flagging any Foundation Doctor who fails to complete advised numbers of assessments by the target deadline (see paragraphs 27-33 for your reference).

### **Feedback**

42. Feedback is an important part of the assessment process and must be included in the work-based assessments. Each Foundation Doctor must be provided with approximately 5 minutes of feedback from each Assessor immediately after the assessment (excluding Mini-PAT).
43. Feedback on Mini-PAT will be provided by the Educational Supervisor based upon the Mini-PAT Summary at the end of placement final review meeting with the Educational Supervisor. It should be noted that the Mini-PAT questionnaire is confidential and individual comments and ratings are anonymised to the Foundation Doctor. However, should the Foundation Doctor specifically request to see the individual forms they will be entitled to do so under the Freedom of Information Act 2005.
44. Feedback should be provided in a sensitive way and in a suitable environment.
45. The aim of feedback should be to have a conversation that is genuine, mutual, clear, and trusting. The conversation must also set out to understand personal and situational factors.
46. During the feedback session, the Assessor and the Foundation Doctor should identify agreed strengths, areas for development and an action plan.
47. While giving feedback, references should be made to the syllabus and competencies.
48. Assessors must be truthful and accurate while feeding back and be prepared to provide negative but constructive feedback should this be required.
49. No Foundation Doctor should be criticised without recommending a solution.

50. Focus for feedback should be on behaviours that can be changed not personal judgments. No personal attributes should be commented on.
51. The results of the assessment and feedback session of an individual Foundation Doctor should be kept confidential and are allowed to be discussed only with the relevant colleagues (e.g. Local Faculty Group members) and other parties who are involved in the training of the particular Foundation Doctor.

### **Quality Management**

52. The Local Education Provider is responsible for monitoring and ensuring that all Foundation Doctors are assessed appropriately and by competent Assessors.
53. There should be a procedure in place for making an appeal against assessment decisions.
54. The Foundation School is also responsible for carrying out random checks on the completion of assessments through e-Portfolio.
55. Feedback on the assessment process and feedback given should be sought from Foundation Doctors on a regular basis. At Foundation School level this will be ascertained at Deanery Review and Foundation School visits to Local Education providers and in questionnaires (i.e. PMETB survey, pre-visit questionnaires and end of service questionnaires).

**Competencies required and recommended assessment tools**

*Please note that the table below should only be used as a guide.*

|     | Competence  | Assessment tools   |
|-----|---|--|
| 1   | <b>Good Clinical Care</b>   |  |
| 1.1 | Demonstrates the knowledge, attitudes, behaviours, skills and competences to be able to take a history and examine patients, prescribe safely and keep an accurate and relevant medical record.   |  |
|     | (i) History taking<br>(ii) Examination<br>(iii) Diagnosis and clinical decision-making<br>(iv) Safe prescribing<br>(v) Medical record-keeping, letters, etc   | Mini-CEX, CBD<br>Mini-CEX, CBD<br>Mini-CEX, CBD<br>CBD<br>CBD                    |
| 1.2 | Demonstrates appropriate time management and organisational decision-making.  | Mini-CEX, CBD  |
| 1.3 | Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety.   |  |
|     | (i) The patient as centre of care<br>(ii) Makes patient safety a priority in own clinical practice.<br>(iii) Understands the importance of good team working for patient safety (see 5.0)<br>(iv) Understands the principles of quality and safety improvement.<br>(v) Understands the needs of patients who have been subject to medical harm or errors. | Mini-CEX, CBD/Mini-PAT<br>Mini-PAT, CBD<br>Mini-PAT, CBD<br>Mini-PAT, CBD<br>CBD |
| 1.4 | Demonstrates the knowledge, skills, attitudes and behaviours to reduce the risk of cross-infection.   | DOPS, Mini-CEX, Mini-PAT   |
| 1.5 | Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services.   | CBD  |
| 1.6 | Demonstrates the knowledge, skills, attitudes and behaviours to ensure basic nutritional care.  | Mini-CEX, CBD  |

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| 1.7  | Demonstrates the knowledge, skills, attitudes and behaviours to be able to educate patients effectively.  |  |
|  | (i) Educating patients about: disease prevention, investigations and therapy<br>(ii) Environmental, biological and lifestyle risk factors<br>(iii) Smoking<br>(iv) Alcohol<br>(v) Epidemiology and screening  | Mini-CEX, CBD<br>Mini-CEX, CBD<br>Mini-CEX, CBD<br>Mini-CEX, CBD<br>Mini-CEX, CBD                |
| 1.8  | Demonstrates the knowledge and skills to cope with ethical and legal issues which occur during the management of patients with general medical problems.  |  |
|  | (i) Medical ethical principles and confidentiality<br>(ii) Valid consent<br>(iii) Legal framework of medical practice   | CBD, Mini-PAT<br>CBD, DOPS<br>CBD  |
| <b>2 Maintaining good medical practice</b>                     |   |  |
|  | (i) Demonstrates the knowledge, attitudes, behaviours, skills and competences needed to start self-directed life-long learning<br><br>(ii) Demonstrates knowledge, skills, attitudes and behaviours to use evidence and guidelines that will benefit patient care.<br><br>(iii) Demonstrates the knowledge, skills, attitudes and behaviours to use audit to improve patient care | Mini-PAT, Use of portfolio, Supervisors reports<br><br>Mini-PAT, CBD<br><br>Involvement in audit |
| <b>3 Teaching and training</b>                                 |   |  |
|  | Demonstrates the knowledge, skills, attitudes and behaviours to undertake a teaching role   |  |
|  | (i) Teaching<br><br>(i) Presentations   | Mini-PAT<br><br>Mini-PAT, Supervisor's report  |
| <b>4 Relationships with patients and communications skills</b> |   |  |
|  | Demonstrates the knowledge, skills, attitudes and behaviours to be able to communicate effectively with patients, relatives and colleagues in the circumstances outlined below  |  |
|  | (i) Within a consultation<br><br>(ii) Breaking bad news<br><br>(iii) Complaints   | Mini-PAT, Mini-CEX<br><br>Mini-PAT, Mini-CEX<br><br>Mini-PAT, Mini-CEX, CBD                      |

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| 5 Working with colleagues                       |   |                                     |
|   | Demonstrates effective teamwork skills within the clinical team and in the larger medical context.  |                                     |
|   | (i) Communication with colleagues and teamwork  | Mini-PAT                            |
|   | (ii) Interface with different specialties, and with other professionals, including: members of a team, clinical team and support services, hospital and GP, hospital and other agencies, e.g. Social services, police | CBD                                 |
|   | (ii) Relevance of outside bodies CbD  | CBD                                 |
| 6 Professional behaviour and probity            |   |                                     |
|   | Develops the knowledge, skills, attitudes and behaviours to always act in a professional manner   |                                     |
|   | (i) Doctor-patient relationships  | Mini-CEX, DOPS, CBD, Mini-PAT       |
|   | (ii) Health and handling stress MSF   | Mini-PAT                            |
| 7 Recognition and management of the acutely ill |   |                                     |
| 7.1   | Core skills in relation to acute illness  |                                     |
|   | (i) Promptly assesses the acutely ill or collapsed patient  | Mini-CEX, CBD                       |
|   | (ii) Identifies and responds to acutely abnormal physiology   | Mini-CEX, CBD                       |
|   | (iii) Where appropriate, delivers a fluid challenge safely to an acutely ill patient  | Mini-CEX, DOPS                      |
|   | (iv) Reassesses ill patients appropriately after starting treatment   | Mini-CEX, CBD<br>Mini-CEX, Mini-PAT |
|   | (v) Requests senior or more experienced help when appropriate   | Mini-CEX, CBD                       |
|   | (vi) Undertakes a secondary survey to establish differential diagnosis  | Mini-CEX, CBD                       |
|   | (vii) Obtains an arterial blood gas sample safely, and interprets results correctly   | DOPS                                |
|   | (viii) Manages patients with impaired consciousness, including convulsions  | Mini-CEX, CBD                       |
|   | (ix) Uses common analgesic drugs safely and effectively   | Mini-CEX, CBD                       |
|   | (x) Understands and applies the principles of managing a patient following self-harm  | Mini-CEX, CBD                       |
|   | (xi) Understands and applies the principles of management of a patient with an acute confusional state or psychosis   | Mini-CEX, CBD                       |
|   | (xii) Ensures safe continuing care of patients on handover between shifts, on call staff or with "hospital at night" team by meticulous attention to detail and reflection on performance                             | CBD, Mini-PAT                       |
|   | (xiii) Considers appropriateness of interventions according to patients' wishes, severity of illness and chronic or co-morbid diseases  | Mini-CEX, CBD                       |

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| 7.2 | Demonstrates the knowledge, competences and skills to be able to recognise critically ill patients, take part in advanced life support, feel confident to initiate resuscitation, lead the team where necessary and use the local protocol for deciding when not to resuscitate patients  |   |
|     | (i) Resuscitation<br><br>(ii) Discusses Do Not Attempt Resuscitation (DNAR)   | Certificates of completion of Intermediate Life Support Course or Advanced Life Support (or equivalents), Mini-CEX<br><br>Mini-CEX, CBD |
| 7.3 | Demonstrates the knowledge, competences and skills to be able to function safely in an acute 'take' team  | CBD, Mini-PAT   |
| 7.4 | Demonstrates the knowledge and skills to be able to plan discharge for patients, starting from the point of admission and taking into account the effects of any chronic disease  | CBD, Mini-PAT   |
| 7.5 | Demonstrates the knowledge and skills to be able to select, appropriately request and accurately interpret reports of the frequently used investigations listed below. For all investigations it is vital that foundation doctors recognise abnormalities which need immediate action.<br><br>(i) Full blood count, Urea and electrolytes, Blood glucose, Cardiac markers, Liver function tests, Amylase, Calcium and phosphate, Coagulation studies, Arterial blood gases, Inflammatory markers<br><br>(ii) 12 lead ECG<br><br>(iii) Peak flow, spirometry<br><br>(iv) Chest X-ray, Abdominal X-ray, Trauma radiography, Ultrasound, CT and MRI<br><br>(v) Microbiological samples | CBD, Mini-CEX<br><br>CBD, DOPS<br><br>CBD, DOPS<br><br>CBD, Mini-CEX<br><br>CBD   |

| 8 Practical Procedures |  |      |
|------------------------|--|------|
|                        | F1 Procedures that F1 doctors should be competent and confident to do and teach to undergraduates:   |      |
|                        | <ul style="list-style-type: none"> <li>• venepuncture and IV cannulation</li> <li>• local anaesthetics</li> <li>• arterial puncture in an adult</li> <li>• blood cultures from peripheral and central sites</li> <li>• subcutaneous, intradermal, intramuscular and intravenous injections</li> <li>• IV medications</li> <li>• intravenous infusions, including the prescription of fluids, blood and blood products</li> <li>• ECG</li> <li>• spirometry and peak flow</li> <li>• urethral catheterisation</li> <li>• airway care, including simple adjuncts</li> <br/> <li>• nasogastric tube insertion.</li> </ul> | DOPS |
|                        | During F2, doctors are expected to maintain and improve their skills in the above procedures. By the end of the year they should be able to help others with difficult procedures and guide F1 doctors in teaching others. Foundation doctors will be able to extend the range of procedures they can do. Each specialty will specify an appropriate range of procedures in which foundation doctors will be expected to become proficient, e.g.   |      |
|                        | <ul style="list-style-type: none"> <li>• aspiration of pleural fluid or air</li> <li>• skin suturing</li> <li>• lumbar puncture</li> <li>• insertion of a central venous pressure line</li> <li>• aspiration of joint effusion.</li> </ul>   | DOPS |

**Some Descriptors for a Satisfactory Foundation Doctor by the Assessment Tool**

**Mini-CEX: Clinical Evaluation Exercise**

| Question area           | Descriptor  |
|-------------------------|---|
| History taking          | Facilitates patient's telling of story, effectively uses appropriate questions to obtain adequate information, responds appropriately to verbal and non-verbal cues.  |
| Physical examination    | Follows efficient, logical sequence, examination appropriate to clinical problem, explains to patient, sensitive to patients comfort and modesty.   |
| Communication skills    | Explores patient's perspective, jargon free, open and honest, empathetic, agrees management plan/therapy with patient.  |
| Clinical judgement      | Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.   |
| Professionalism         | Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations. |
| Organisation/efficiency | Prioritises; is timely; succinct; summarises.   |
| Overall clinical care   | Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness.<br>Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations.                             |

**CBD: Case-based Discussion**

| Question area          | Descriptor   |
|------------------------|--|
| Medical record keeping | The record is legible, signed, dated and appropriate to the problem, and understandable in relation to and in sequence with other entries. It helps the clinician who uses the record to give effective and appropriate care.      |
| Clinical assessment    | Can discuss how they understood the patient's story and how, through the use of further questions and an examination as appropriate to the clinical problem, a clinical assessment was made from which further action was derived. |

|                                      |   |
|--------------------------------------|---|
| <b>Investigation and referrals</b>   | Can discuss the rationale for the investigations and necessary referrals. Shows understanding of why diagnostic studies were ordered/performed, including the risks and benefits and relationship to the differential diagnosis.  |
| <b>Treatment</b>                     | Can discuss the rationale for the treatment including the risks and benefits  |
| <b>Follow-up and future planning</b> | Can discuss the rationale for the formulation of the management plan including follow-up  |
| <b>Professionalism</b>               | Can discuss the care of this patient as recorded, demonstrated respect, compassion, empathy, and established trust.<br>Can discuss how the patient's needs for comfort, respect, and confidentiality were attended to. Can show how the record demonstrates an ethical approach and awareness of any relevant legal frameworks. Has insight into own limitations. |
| <b>Overall clinical care</b>         | Can discuss own judgement, synthesis, caring, and effectiveness for this patient at the time that this record was made.   |

**DOPS: Directly Observed Procedural Skills**

Please use the guidance document: 'Directly Observed Procedural Skills: Clinical Guides for Foundation Doctors and Assessors' (available online at: <http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms> and <http://www.netfs.org.uk/news/revise-dops-guide>).