Official Training Programme for the Speciality of Family and Community Medicine and Assessment Guidelines for Specialists in Training

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Prologue

Family and Community Medicine is at a turning point in its history. This new Official Programme of the Speciality (OPS) not only represents an update in terms of training, but also a declaration of intent. The aim is to adapt the professional profile of the family doctor to the true needs of today's society, without renouncing the values that have historically defined the speciality as clinical, scientific and humanistic.

This robust programme defines specific competencies that will boost the professional profile of family doctors in the areas of care, teaching, research and management within Primary Health Care. It was created with a clear aim to modernise and strengthen the health care system, by reinforcing the person-centred approach, the community perspective and the salutogenic vision, while incorporating elements of the contemporary health context, such as digital health and innovation. All of these facets are integrated into a competence-based model oriented towards practical, reflective training that is connected to the reality of health care.

One aspect that stands out in this new OPS is that the field of Primary Care is consolidated as the backbone of the training process. Training in this area enables residents to understand and engage with the value of continuity of care, longitudinality and the complexity inherent in caring for people throughout their lives, while applying the person-centred clinical approach. The essence of the speciality itself is built within this environment: the doctor-patient relationship, teamwork, attention to the family and the community, and clinical management from a comprehensive perspective.

We should highlight the role of formative assessment, self-assessment and the resident's electronic logbook as tools to promote more autonomous, conscious and continuous learning. All of this is aimed at improving the quality of the training process, promoting more fluid monitoring and communication between residents and tutors to guarantee that residents acquire the competencies in suitable manner.

Beyond its healthcare dimension, the speciality also integrates competencies in other areas, such as teaching, research and clinical management, aspects that are particularly relevant in this new OPS, which will train future generations of family doctors in facets that are essential to ensuring the excellence of the healthcare system.

The implementation of this ambitious programme is a major challenge and requires a strong commitment to training, greater recognition of the role of mentoring, a reinforcement of the teaching units, and structural improvements in the health care teaching centres. This also involves transforming these centres into quality learning environments, based on trust, dedication and excellence.

Training family doctors is not only about imparting knowledge, but also about cultivating values, commitment and leadership. Above all, this OPS represents an opportunity to consolidate a clinical, scientific and profoundly humanistic speciality, one that is capable of leading the health care of the present and the future with an integrated approach between care areas and other community resources.

As a scientific society we place great value on this robust programme and express our utmost appreciation for the commitment of all those involved in specialised training.

Remedios Martín Álvarez. President of the Spanish Society of Family and Community Medicine (semFYC)

Elena Polentinos Castro. President of the National Family and Community Medicine Commission

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- **Title of the speciality:** Family and Community Medicine
- **Duration:** four years
- **Previous university degree:** Medicine

1 Introduction

Since the previous programme established in 2005, we have experienced demographic, social and technological changes, as well as a global pandemic. These have all impacted the need to adapt the professional profile of the specialist in Family and Community Medicine (FCM), with the mission of having Primary Health Care (PHC) lead the way on providing medical care for individuals, families and communities. For all these reasons, the Spanish National Commission of Specialities (NCS) has moved towards a training programme in line with the new challenges of the current reality and aligned with the Strategic Framework for Primary and Community Care 2019.

FCM specialists are in a close and privileged position to promote health and prevent disease. The aim is to improve the indicators of avoidable morbidity and mortality in Primary Health Care (PHC), as well as make an early diagnosis of potentially serious biopsychosocial problems, acting as a point of reference in coordination between levels of care and other community resources based on a unifying approach. FCM specialists are experts in frequent, threatening and on-going health care matters. As specialists in people, in their daily practice, based on longitudinality, organisational capacity and on-going relationships, FCM physicians will be able to manage uncertainty and resolve a large number of health problems, providing effectiveness, efficiency and equity in the Spanish National Health System (NHS).

The essence of the speciality and the training context for new residents lies in the professional values inherent to the Spanish NHS and to the FCM profession. The core values focus on the commitment to each person and to all people, from groups of people who share a common condition, to the general population under their care, the community and society as a whole. The paradigm of action for FCM is holistic care and a biopsychosocial approach, with a specific focus on incorporating the promotion of health, preventing disease, healing, rehabilitation and providing end-of-life care, due to FCM's impact on improving the health of the population. As an academic discipline, FCM needs a greater push at the university level. In order to develop its core values, specific core competences are required that define the speciality: the person-centred clinical approach (PCCA), population-based clinical management and joint community health care.

The Multiprofessional Family and Community Care Teaching Units (MFCCTU) are responsible for providing quality training for future specialists, as well as for promoting their teaching and research profile. In the health care centres, tutors are responsible for helping residents to make progress in their training throughout the entire period, complemented by teaching collaborations in different training environments.

According to the World Health Organisation (WHO), PHC includes the whole of society and aims to ensure the highest possible level of health and well-being and its equitable distribution, focusing on people's needs and preferences (at individual, family and community levels) as early as possible along the entire continuum, from the promotion of health and disease prevention to treatment, rehabilitation and palliative care, and to stay as close as possible to the everyday environment. In our area, the Spanish NHS is a substantial part of the welfare state, and, as the backbone, Primacy Health Care must be reinforced in order to maintain the system.

PHC should be integrated, comprehensive and unifying, continuous and longitudinal, team-based, community-based and participatory, scheduled and evaluable, as well as teaching- and research-based in order to provide quality health care and training for future specialists.

2 Definition of the speciality

FCM is a medical speciality whose object of healthcare, teaching and research knowledge is the "person understood as a whole", tasked with providing comprehensive health care for people throughout their life cycle, in their family context and based on the community in which they live, through the promotion of health as well as prevention of and the approach to illness in all its aspects: diagnosis, therapy, continuous care, rehabilitation and end-of-life care.

Based on FCM's core values, regarding its commitment to the person and to the group of people for whom it is responsible, competences must be developed around comprehensive, person- and family-centred care. It is also about population-based clinical management, with a special emphasis on longitudinality, together with comprehensiveness, accessibility, equity and community health. The latter shall be through asset-based community intervention and engagement, considering social determinants in order to reduce inequalities. Moreover, based on its scientific commitment to training and to the speciality, FCM must play a key role in universities and in specialised healthcare training.

3 Participants in drafting the Official Programme of the Speciality

The Official Programme of the Speciality (OPS) has been drafted by the current members of the NCS of FCM: Ana María Arbaizar Martínez (president), Elena Polentinos Castro (vice-president), Joan Deniel Rosanas, Isabel del Mar Bermúdez de la Vega, Jesús Dativo López-Torres Hidalgo, Vicente Francisco Gil Guillén, Miguel Ángel Castro Villamor, Manuel Muñoz García de la Pastora, María Pilar Rodríguez Ledo, Santiago Toranzo Nieto, Paula Rubio García, Borja Apellaniz Aparicio (resident physician representative 2019-2021) and Alberto Kramer Ramos (resident physician representative 2019-2021).

4 Regulations, legal framework and references

In addition to the previous OPS for the FCM speciality and the accreditation requirements of the MFCCTU, the following provisions and the most relevant literature have been taken into account in preparing this OPS:

- European Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time, as well as the current regulations on specialised health training and Spanish Royal Decree 1146/2006 of 6 October, which regulates the special employment relationship of residency for the training of specialists in Health Sciences.
- Spanish Law 44/2003 of 21 November 2003 on the organisation of the health professions.
- Spanish Law 55/2003 of 16 December 2003 on the Framework Statute for Statutory Staff of the Health Care Services.
- Royal Decree 853/1993 of 4 June 1993 on the exercise of the functions of General Practitioner in the National Health System.
- Spanish Royal Decree 1753/1998 of 31 July 1998 on exceptional access to the title of Specialist Doctor in Family and Community Medicine and on the practice of Family Medicine in the Spanish National Health System.
- Royal Decree 1277/2003, of 10 October, setting forth the general bases for the authorisation of health care centres, services and establishments and the portfolio of common primary care services, defined in Annex II of Spanish Royal Decree 1030/2006, of 15 September, establishing the portfolio of common services of the Spanish National Health System and the procedure for updating said portfolio.
- Spanish Royal Decree 1146/2006, of 6 October, regulating the special employment relationship of residency for specialists in training in Health Sciences.
- Spanish Royal Decree 183/2008, of 8 February, determining and classifying the specialities in Health Sciences and developing certain aspects of the specialised health training system.
- Spanish Royal Decree 589/2022, of 19 July, which regulates the cross-cutting training of specialities in Health Sciences, the procedure and criteria for the proposal of a new title of specialist in Health Sciences or diploma of a specific training area, and the revision of those established, as well as the access and training of specific training areas; and establishes the rules applicable to the annual exams to access training places in Health Sciences specialities.
- Order SCO/1198/2005, of 3 March, approving and publishing the training programme for the speciality of Family and Community Medicine.
- Order SCO/581/2008, of 22 February, publishing the Agreement of the Human Resources Commission of the National Health System, which establishes general criteria relating to the composition and functions of the teaching commissions, the figure of the head of specialised training studies and the appointment of the tutor.
- Resolution of 21 March 2018, of the Directorate General for Professional Organisation, approving the basic guidelines to be set forth in the documents accrediting the assessments of specialists in training.
- Resolution of 3 July 2018, of the Directorate General for Professional Organisation, amending the errors in the Resolution of 21 March 2018, approving the basic guidelines to be set forth in the documents accrediting the assessments of specialists in training.

5 Scope of action of the speciality

The primary sphere of action of FCM specialists is PHC, with an important role in the Spanish NHS services where they act as professionals who provide initial care for health problems at any stage of life, for the people they are in contact with in any area of health care (PHC centres, health care centres and PHC clinics in consultation and at home, in continuous care, emergency and urgency services, residential homes for the elderly, home hospitalisation units, PHC support units, teaching units, or research units, among others), as well as forming part of multidisciplinary teams that require a comprehensive and continuous vision in any of the scenarios of the Spanish National Health System. In addition to the discipline's health care function, FCM specialists are also involved in community intervention, research, teaching, management, promotion and prevention within the competences of the speciality.

FCM specialists are an active part of society, with an important role throughout people's lives, in their families and in the community. Health systems based on sound PHC, including robust FCM, have proven to be more equitable, effective and efficient. These systems are viable in terms of safety, sustainability, citizen satisfaction and professional competence, and have an impact on improving the health of individuals, families and communities.

6 Objectives of the Official Programme of the Speciality

The aim of this programme is to serve as a regulatory and reference framework across Spain to train future professionals in the speciality of FCM, a speciality that is both demanding in terms of clinical and interpersonal skills, and which has an important influence on the health of society. This programme is characterised by direct and continuous contact over time with the assigned population (quota of the population), by being a point of reference in health in communities, which allows it to adopt innovative solutions based on its teaching and research profile, without forgetting that on a day-to-day basis the main focus continues to be on the individual, who must be cared for based on their family context and their community. The programme establishes both cross-cutting and speciality-specific competences, and establishes the assessment systems to demonstrate the acquisition of competences in the different domains.

The OPS must be consistent with the contents proposed in the Single European Act, which allows the free movement of health professionals in the European Union, and the Spanish Royal Decree transposing Directive 2018/958 of the European Parliament and of the Council regulating the free movement of professionals throughout the European Union into Spanish law.

7 Competences

In order to obtain the title of specialist in FCM, a four-year training period must be completed through the residency system. During this period, both the cross-cutting competences, common to the different specialities in Health Sciences, and the specific competences of the speciality described below, must be acquired and developed.

This also includes the assessment guidelines for these competences by means of assessment instruments applicable to each one, training activities and learning contexts for these competences.

a) Evaluation instruments:

Instrument	Types and characteristics	What it evaluates
Ex **Written examinations**	○ Multiple choice questions (MCQ): we recommend posing the questions as a specific clinical case (clinical vignettes). The statement should generate a clear question and it should be possible to arrive at the answer with the hidden options. All the distracting answers must be in the same category as the correct answer (e.g. diagnoses, analyses, treatments, prognoses, therapeutic alternatives). It is advisable to define them on the basis of a specific clinical case (vignette). ○ Script Concordance Test (SCT): this is a learning and competence assessment tool based on clinical reasoning in real clinical situations and decision-making. Creating an SCT requires approval by a committee of experts. Given the limited experience, its use is recommended only in the context of Specialised Health Care Training (SHCT), for the assessment of highly complex clinical reasoning by tutors with experience in how the tool is designed.	a. Abstract knowledge. b. Contextualised knowledge. c. Clinical reasoning. d. Decision-making.
Ob **Observation**	○ Structured observation of clinical practice using the Mini-CEX (Mini-clinical Evaluation Exercise). This consists of direct observation of professional practice with structured assessment using a previously agreed form and subsequent provision of feedback to the resident. This enables a consensus on performance indicators that have variable interpretation. The correct execution of procedures and techniques can use more detailed checklists adapted to the procedure or technique, such as DOPS (Directly Observed Procedural Skills) and OSATS (Objective Structured Assessment of Technical Skills). ○ Simulation: in professional actions that cannot be assessed by direct observation, either because the low prevalence of a disease does not warrant direct contact with it or because it poses a risk or great discomfort to the patient. In these cases, observation in simulated contexts should be considered. ○ Unstructured observation: the use of this option as assessment tool should be reserved only for the assessment of behaviour that does not lead to variability in interpretation.	a. Clinical interview. b. Physical examination. c. Professional Practice. d. Clinical judgement. e. Communication. f. Organisation and efficiency.
Au **Audit**	○ Analysis of the quality of the records generated by the resident assuming that the records faithfully represent the work that has been done. Applying this option consists of identifying quality indicators and standards and how to apply them and analyse the Resident's clinical records. The analysis can be performed by the resident (self-audit), another resident (peer-review) or the tutor or specialist in charge.	a. Clinical decision-making. b. Follow-up of patient management. c. Monitoring of preventive activities. d. Appropriate use of resources such as complementary tests, medicines, interconsultation.
360° ***Feedback***	○ Based on the information compiled from multiple sources. This involves multiple people present in the workstation evaluating various aspects of the Resident's activity. Information is collected from nurses, other health care professionals, residents, staff doctors, the head of service, administrative staff and patients. It may also include self-assessment.	a. Teamwork. b. Communication and interpersonal relations. c. Quality of resource management. d. Professional practice. e. Counselling and education of patients and relatives.

(Continued)

Instrument	Types and characteristics	What it evaluates
Po **Portfolio/ Resident's Case Log**	This documentation provides evidence of the Resident's learning process plus a process of reflection on certain aspects and on the learning process as a whole. ○ Activity Logbook. This is the compilation of evidence of having performed or witnessed a certain number of activities, procedures, care for diseases, health problems, interventions, and so on, which have been previously established as essential minimum requirements for learning a skill or acquiring a competence. The activity logbook provides documentation and evidence related to specific competences. ○ Reflection with the tutor on various critical incidents to facilitate the self-learning process: What have I learnt? What application has it had? What do I still need to learn and what do I need to do to achieve it? A process of reflection can be carried out on an extraordinarily wide variety of clinical and professional situations, for example, in the face of a particularly complicated differential diagnosis, lack of response to a treatment or the appearance of adverse or undesirable effects, lack of adherence to treatment or difficulties in the relationship with a patient or another specialist. All documentation and evidence related to the acquisition of competences, including documentation of the four assessment instruments described above, as well as the quarterly structured mentor-resident interviews, shall be provided in the Resident's Portfolio/Book.	a. Quantification of minimum activities/procedures. b. Development of strategies, attitudes, skills and cognitive processes essential for lifelong learning. c. Use of reflective strategies. d. Development of critical thinking and self-directed learning in daily practice.

Assessment instruments for specific competences in the speciality of FCM

Assessment is an integral part of the learning process and is intended to promote meaningful learning. The instruments used for evaluation include observation by tutors and teaching collaborators of what the resident "does" in carrying out his or her duties as a "supervised" doctor and the results obtained as a professional (assessment). This observation allows for specific competences to be assessed, along with cross-cutting competences (such as clinical communication, ethics of care, reasoning and clinical management). The assessment makes it possible to evaluate learning opportunities in all encounters with patients or the community.

An important complement to the observation of healthcare practice is the monitoring of the Resident's Book, included in Spanish Royal Decree 183/2008, as a reference resource in the assessments, together with other instruments for assessing the progress of the Resident's competences.

Personal care is provided by the FCM speciality, applying a patient-centred clinical method (the person and their environment). The resident will provide evidence on how he or he works in routine clinical practice, focusing on the individual, taking into account the family and social environment. Learning should be assessed in the ability to integrate a variety of competences, from clinical competences, communication skills, medical histories, physical examinations, clinical reasoning or shared decision-making. Contextual (family and social) assessment is fundamental, along with adapting to the uniqueness of each person, including the promotion of health and disease prevention, all of which must be based on deliberative and reflective practice.

In order to assess the competences in **population-based clinical management**, the resident shall provide evidence on the clinical management of the assigned population, including reflections on the most frequent problems and illnesses of the people in the quota, as well as on what may be less well attended to, analysing process indicators (accessibility, monitoring) and health outcomes (such as proper control), which will allow the process of implementing improvement actions to begin, making it possible to have an overview of the assessment cycle and its components.

In order to demonstrate the acquisition of competences in **Community Care: Joint community intervention/Asset-based community health promotion**, evidence should be provided on the implementation and/or participation in a project (preferably) or activities with a "salutogenic" or asset-based health promotion approach.

Training, Teaching, Innovation and Research includes Self-taught learning (which must be written down with reflective reports in the Resident's Book); Teaching (with educational activities aimed at patients and the reference community, as well as other health care professionals); End of Residency Research Project (which the resident must prepare and carry out from the beginning until the results are published, throughout the residency period, following the principles of bioethics, in the field of PHC).

The Teaching Commission of the Teaching Unit with the Head of Studies, Tutors and the technical teaching support staff shall be responsible for applying the assessment guidelines.

b) Learning context:

The learning context will mainly be the MFCCTU, the entity that owns the training of the FCM and Family and Community Nursing (FCN) specialities. However, both the external rotation and the collaboration agreements may provide complementary or essential training necessary for the acquisition of the competences set out in this programme on an ad hoc basis.

A variety of accredited Teaching Unit facilities are included for FCM residents to learn the competences of the speciality. These include: urban and rural PHC facilities, as the main and predominant setting with health care centres, PHC teams, auxiliary clinics, PHC support units (addictive behaviour units, family planning units, research units, palliative care units), mental health care centres, hospitals, speciality centres and other facilities, as well as other learning environments related to the competences of the OPS, including public health care centres, socio-health care centres and other centres or facilities for external rotations in the case that it is necessary to broaden the knowledge and learning outcomes of the speciality's competences. Training on how to deal with urgent and emerging problems will be carried out in hospital urgent care services, at the continuous care points of health care centres and in the emergency services, during complementary working hours, with compulsory compliance with the supervision protocol approved by the teaching committee of the MFCCTU as the entity responsible for training in the speciality.

c) Training activity:

For each competence, the minimum number of activities (consultations, procedures, on-call/continued care, community care, etc.) that the resident will have to perform to achieve the competence is indicated for all assessment instruments except examinations. For more invasive skills, learning methods such as deliberative practice, field learning, feedback, reflection and simulation will be used as a priority learning method for patient safety, as well as other teaching methods.

The MFCCTU will implement and evaluate a theoretical-practical training plan, with the most appropriate teaching methodology and mode to ensure a significant level of learning of the competences that are difficult to achieve through learning in the field in a health care environment, and which are essential for the development of the speciality, in aspects such as teaching, research, innovation, clinical management, family health care, community health care, bioethics, patient safety, digital competences and advanced communication skills, among others.

7.1 Cross-cutting competences of the specialities in Health Sciences and assessment guidelines

The following generic and cross-cutting competences must be acquired and developed in order to acquire the title of specialist in FMC over the course of the four years of training, according to the provisions set forth in Spanish Royal Decree 589/2022, of 19 July, which regulates the training of specialities in Health Sciences, the procedure and criteria for the proposal of a new title of specialist in Health Sciences or diploma of a specific training area, and the revision of those established, as well as the access and training of specific training areas; and establishes the rules applicable to the annual tests to access training places in Health Sciences specialities.

The specific development of cross-cutting competences in the FCM speciality includes the value of the doctor-patient relationship and ethical commitment:

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Commitment to the principles and values of Health Science specialities									
1.1	Have the patient's care and well-being as the main objective.		■		■	■			
1.2	Respect the values and rights of patients, taking into account their diversity and vulnerability.		■		■	■			
1.3	Respect the autonomy of patients and their legal representatives in decision-making.		■		■	■			
1.4	Respect confidentiality and professional secrecy.		■		■	■			
1.5	Collaborate with, consult with and support other professionals.		■		■	■			
1.6	Acquire and maintain the professional competences of the speciality.					■			
1.7	Contribute to fulfilling the general principles of the Spanish National Health System established in art. 2 of Law 16/2003, of 28 May, on the cohesion and quality of the Spanish National Health System.					■		Contribute a reflection on a significant experience related to this competence in the Portfolio.	

Although secondary, consider providing concrete evidence to the Portfolio.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Dominio 2. Principios de Bioética									
2.1	Apply the fundamentals of bioethics and the "deliberative method" in professional practice.		■		■				
2.2	Identify and deal with situations of ethical conflict.					■		Contribute a reflection on a critical incident related to this competence in the Portfolio.	

Although secondary, consider providing concrete evidence to the Portfolio.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 3. Legal principles applicable to professional practice in the Health Sciences specialities									
3.1	Apply ethical and legal aspects related to the handling of information, documentation and medical records to guarantee confidentiality and professional secrecy.	■	■						
3.2	Apply the legal aspects related to the health care of minors, people with disabilities, patients who require support to be provided for their decision-making or to express their intention, at the end of life and with suitable therapeutic effort and the provision of assistance in dying.	■	■						
3.3	Be familiar with how the clinical commissions operate.	■							
3.4	Fill in clinical and legal documents.			■		■			
3.5	Carry out early detection of situations of gender-based violence and abuse and apply the established protocols.			■		■			
3.6	Inform and implement advance directives procedures.			■		■			

Although secondary, consider providing concrete evidence to the Portfolio.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 4. Clinical communication									
4.1	Inform the patient and/or his or her legal representative, so that he or she can give free and voluntary informed[a] consent, leaving confirmation in the medical record.		■	■	■	■			
4.2	Communicate according to different situations and people[b]: ○ Identify the information needs of each patient, legal guardian or authorised person. ○ Tailor information in specific situations such as: i) bad news, ii) patients at the end of life, iii) patients who are difficult to manage, iv) patients with mental disorders, v) specific population groups (children, adolescents, elderly, at risk of exclusion and people with disabilities) and others.		■		■				
4.3	Apply strategies to improve adherence to prescribed treatment.		■		■	■			

[a] Informed consent: the free, voluntary and informed agreement of a patient, expressed in the full use of his or her faculties, after receiving appropriate information, for an action affecting his or her health to take place. In general, informed consent is verbal (reflected in the medical record). Written consent is mandatory in the case of: surgical interventions, invasive diagnostic and therapeutic procedures as well as other procedures that involve risks or inconveniences of known and foreseeable negative repercussions on the patient's health.

[b] Advanced competences in communication in different moments or personal life situations (Domain 4. Clinical communication): As a point of reference for people and having built a doctor-patient relationship based on trust over the years, FCM physicians must be an expert in motivational interviewing and communication at difficult or critical moments in people's personal lives.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 5. Teamwork									
5.1	Work in interdisciplinary and multi-professional teams[a].		■		■	■			
5.2	Contribute to conflict resolution.		■		■				

[a] This competence involves knowing the roles and responsibilities of team members, communicating appropriately with team members and respecting their contributions.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 6. General clinical skills applicable to the practice of Health Science specialities									
6.1	Contribute to the preparation of a medical record[a] in a way that can be easily understood and used by others.		■	■					
6.2	Critically analyse clinical information[b].					■		Contribute a critical analysis of a recent case/article in the Portfolio.	
6.3	Identify urgent situations and apply Basic Life Support manoeuvres.		■	■		■		Basic life support training course.	
6.4	Apply the basic principles of evidence-based practice and patient value.		■	■		■			
6.5	Apply guidelines for referrals and interconsultations.			■					
6.6	Assess the impact associated with the disease on the patient and their environment.		■	■					
6.7	Comprehensively address chronic health problems and contribute to decision-making and care optimisation.		■	■	■				
6.8	Provide comprehensive care for patients, taking into account mental disorders, dependency and multi-pathology, among other aspects.		■	■	■				

[a] Medical record: set of documents containing data, assessments and information of any kind concerning a patient's situation and clinical progress throughout the care process.

[b] Clinical information: any information, in whatever form, of whatever kind or type, which enables knowledge to be gained or broadened about a person's physical condition and health, or the means of preserving, caring for, improving or recovering it.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 7. Management of medicines and other therapeutic resources[a]									
7.1	Apply ethical principles and legal requirements in prescribing medicines and other therapeutic resources.			■					
7.2	Make rational use of medicines and other therapeutic resources, taking into account individual patient needs and patient groups requiring specific management.			■				Use materials that aid drug prescriptions (including pharmacotherapeutic guides)	
7.3	Understand the principles of rational antimicrobial use.			■				Training course.	
7.4	Periodically review therapeutic targets to make appropriate adjustments and avoid iatrogenesis.			■					
7.5	Detect adverse reactions and side effects to medicines and other therapeutic resources.			■		■		Provide examples of notifications in the Portfolio.	
7.6	Report adverse reactions to medicines and medical devices.			■		■			

[a] This domain of competence is applied depending on the medical degree.

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 8. Equity and social determinants of health									
8.1	Record the social determinants of health in the patient's medical record.					■			
8.2	Understand the salutogenic and asset-based model for health.		■	■					
8.3	Apply a health equity approach in clinical practice.		■	■		■		Provide a reflection in the Portfolio on how the equity approach in clinical practice is included.	

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 9. Promoting health and disease prevention									
9.1	Apply the principles of epidemiology and genomics (where appropriate and available) to decision-making in health care.		■	■		■			
9.2	Promote health and help to prevent disease.				■	■		This includes brief counselling, individual and group health education, and activities to promote health. Self-reflection on an activity to promote health and an activity to provide health education.	
9.3	Apply the legal principles of radiation protection in diagnostic and therapeutic practices for professionals and patients.		■	■				Radiation protection training course that meets the criteria of the European Commission's Guide to Radiation Protection Education and Training for Health Care Professionals in the European Union.	
9.4	Know the rights and apply the preventive and occupational risk protection measures specific to the practice of the speciality.			■				Basic biosecurity training course with assessment.	
9.5	Report notifiable diseases as well as presumptive occupational diseases.		■	■					

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 10. Digital health									
10.1	Use verified sources of biomedical or health science information.					■		Summary and reflection of a literature review/ clinical practice guideline, etc.	
10.2	Use digital technologies to interact and exchange information and content.		■						
10.3	Know the regulations on data protection and privacy in the health care field, specifically those linked to information technologies, patient's rights to information and professional responsibility in the custody and maintenance of said information.	■							
10.4	Ensure data protection and patient confidentiality concerning the use of health care information.		■		■				
10.5	Know the basics of coding systems.	■							
10.6	Carry out telecare and telemedicine.	■							

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 11. Research									
11.1	Be familiar with the ethical and legal regulations applicable to research involving human subjects.								
11.2	Know the basic principles of biomedical research, including basic, translational, clinical and epidemiological research.								
11.3	Generate knowledge by applying the scientific method and the principles of bioethics.							Participate in research projects or activities and provide summary and commentary in the Portfolio.	
11.4	Observe the gender and age perspective in the generation and interpretation of scientific evidence.								
11.5	Circulate scientific knowledge.							Make presentations at clinical sessions, scientific meetings and/or publications and include them in the Portfolio.	
11.6	Critically interpret scientific literature.							Carry out a critical analysis of a publication and include it in the Portfolio.	

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 12. Teaching and training									
12.1	Plan, design and participate in training activities (clinical sessions, workshops).							Contribute a programme in which you have participated in a self-reflective activity to the Portfolio.	
12.2	Use the English language in certain activities.							Carry out the following in English: ○ A literature review. ○ A scientific communication. ○ A presentation (video recording).	

N.º	Cross-cutting competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 13. Clinical[a] and quality management									
13.1	Participate in activities to improve the quality of care.				■	■		Record of a quality improvement activity in which the resident has participated.	
13.2	Promote continuity of care.		■		■				
13.3	Contribute to ensuring patient safety.		■		■				Patient safety training course.
13.4	Contribute to organisational change.		■		■				
13.5	Understand and contribute to the compliance with the most frequently used clinical management indicators.	■				■			
13.6	Efficient use of available resources.		■	■					Especially: a. Complementary examinations according to their predictive value and other efficiency criteria. b. Alternatives to conventional hospitalisation. c. Rapid diagnostic units. d. Socio-health resources. e. Palliative care, telemedicine and other forms of clinical telecare.

[a] Clinical management, clinical reasoning and decision-making. Care management: safety and quality in patient care in an environment characterised by high uncertainty, evidence-based clinical practice, transitions of care and coordination with other levels, working in multidisciplinary teams, day-to-day management of person-centred consultation and continuous improvement in care based on the analysis and evaluation of results, participating in the identification of errors and the implementation of solutions and good practices. Problem-solving and diagnostic reasoning skills are essential for decision-making that is adapted to the patient's needs, type of problem, context of the encounter and the best alternative courses of action.

7.2 Specific competences of the speciality of Family and Community Medicine and assessment guidelines

This OPS sets forth that the residents training should integrate FCM values in the competences, following the scheme detailed below:

Shared values	Ethical and social commitment	Scientific commitment	Commitment to the speciality
Cross-cutting competences	○ Commitment to the principles and values of health science specialities. ○ Principles of Bioethics. ○ Legal principles applicable to professional practice in the Health Sciences specialities. ○ Clinical communication[a]. ○ Teamwork. ○ General clinical skills applicable to the practice of Health Science specialities[a]. ○ Management of medicines and other therapeutic resources[a]. ○ Equity and social determinants of health[a]. ○ Promoting health and disease prevention[a]. ○ Digital health. ○ Research and innovation[a]. ○ Teaching and training[a]. ○ Clinical management[a] and quality management.		

[a] These cross-cutting competences are developed in a specific manner in FCM.

Core values	Commitment to the individual	Commitment to people and to the community as a whole
Specific competences of the Family and Community Medicine (FCM) speciality	Person-centred clinical approach (PCCA). Essential unifying competences for FCM practice, in addition to the cross-cutting competences, shall be applied in: ○ PCCA competences for biopsychosocial care of the individual, including the promotion of health and disease prevention. ○ Advanced patient-centred communication skills. ○ Advanced Family Health Care Competences.	Population-based clinical management and community-oriented primary care. Equivalent in terms of the specific competences they integrate for community health care. One or the other or both shall be adopted, depending on the possibilities of the teaching health care centre where the resident is receiving training. Promotion of health/asset-based community health.
	Competences for person-centred care according to the specific characteristics of the group to which they belong.	
	Research, Innovation, Training, Teaching.	

Concerning the value of commitment to the individual and groups of people.

Competences cannot be separated from the values and way of carrying out a medical speciality, with a population under its care in PHC and with the mission to improve their health at individual and community level through PCCA, clinical population management and asset-based community intervention.

In the PCCA, according to McWhinney, the specific clinical competences are grouped into three phases: the assessment phase, the significance phase, equivalent to the diagnostic part but enriched with other components, which allow a "common space" to be found between doctor and patient, and the intervention phase, whose aim is for the patient to be a participant in his/her own health care/therapeutic plan.

During training it is essential to take into account people's needs, cultural diversity, beliefs and values. The objectives will be: to care for the person as a whole; to establish a common space for understanding and managing problems; to establish a genuine relationship to help the patient; to integrate disease prevention and health promotion into health care and to work as a team with other professionals.

The specific competences of the speciality are grouped into the domains described below:

- **Domain 1.** Clinical competences to care for people in their context by applying the PCCA. Individual care (33 competences).
- **Domain 2.** Clinical competences for providing health care to people in their context. Population groups and with risk factors in the population (17 competences).
- **Domain 3.** Clinical competences for family health care (4 competences).
- **Domain 4.** Competences in clinical population management and community care: Community-oriented primary care (COPC) and asset-based health promotion (7 competences).
- **Domain 5.** Competences in research, innovation, training and teaching (8 competences)..

Domain 1. Clinical competences for providing health care to people in their context by applying the patient-centred clinical method.

Individual health care Concerning the value of commitment to the person.

For personalised and comprehensive medical care based on scientific and ethical rigour, in accordance with the individual's health problem and personal needs, the following guidelines have been classified according to the different systems and devices, including promoting healthy lifestyles and preventing diseases. This care includes coordination with other specialists or health and social-health professionals, through interconsultation, thus preserving continuity of care.

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.1	Carry out health promotion and disease prevention activities in primary health care.						Health Care Centre.	○ Record a self-reflective report on the implementation of the promotion and prevention programmes in which the resident has participated in the Portfolio. ○ Detection of cardiovascular risk factors. ○ Nutritional assessment and dietary advice. ○ Recommending physical activity/sport. ○ Addressing obesity and managing metabolic syndrome. ○ Intervention to quit smoking. ○ Intervention to stop and reduce the risk in substance abuse disorders and behavioural addictions. ○ Screening and intervention for risky and harmful alcohol use. ○ Promotion of healthy habits for mental well-being. ○ Prevention of sexually transmitted infections and unwanted pregnancy. ○ Vaccination. ○ Primary and secondary chemoprophylaxis. ○ Application of adult cancer prevention and screening programmes. ○ Application of promotion and prevention programmes in primary health care.	○ Take into account the importance of the doctor-patient relationship and the patient's family context. ○ Use of dietary surveys. ○ Use of validated questionnaires to identify underactive behaviours. ○ Preventing individuals from starting to use tobacco, alcohol and drugs, especially adolescents and young people. ○ Individual and community health education interventions. ○ Application of the recommendations of the preventive and health promotion activities programme. ○ Identification of different patterns of consumption, degree of dependence, warning symptoms and risk situations associated with alcohol and drug use.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.2	Diagnose, treat and monitor people with the most prevalent cardiovascular diseases.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case on the comprehensive approach to a patient with cardiovascular problems or diseases and the activities in which the resident has participated in the Portfolio. Interpret and, where appropriate, carry out: ○ Electrocardiogram (≥30). ○ Ankle-brachial index (≥30). ○ Doppler ultrasound (≥30). ○ Cardiovascular risk calculation (≥30). ○ Calculation of maximum heart rate (≥30). ○ Chest X-ray (≥30).	○ Use clinical practice guidelines (CPGs) for the management of cardiovascular disease.
1.3	Diagnose, treat and monitor patients with essential, secondary and special situations of high blood pressure (HBP).						Health Care Centre.	Record a case of HBP in the Portfolio. Ambulatory blood pressure monitoring (ABPM) (≥30).	Use CPGs to manage a case of HBP.
1.4	Diagnose, treat, monitor patients with dyslipidaemia.						Health Care Centre.		Use CPGs for the management of dyslipidaemia.
1.5	Diagnose, treat and monitor people with diabetes.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case that reflects a comprehensive approach to a patient with diabetes in the Portfolio. Carry out: ○ Metabolic control. ○ Insulin therapy techniques (10 onset and 10 titration). ○ Screening for chronic complications and frequent comorbidities. ○ Screening strategies for gestational diabetes. ○ Advice on planning pregnancies. ○ Management of hypoglycaemic crisis, diabetic ketoacidosis and hyperosmolar hyperglycaemic syndrome.	Use CPGs for the management of diabetes mellitus.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.6	Diagnose, treat and monitor people with the most common respiratory diseases.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with respiratory disease in the Portfolio. Interpret: O Chest X-ray (≥30). O Arterial blood gas (≥30). O Functional tests (≥30). Perform and interpret: O Pulse oximetry (≥30). O Spirometry (≥30). O Peak expiratory flow (≥30). O Tuberculin skin test (10). O Pulmonary ultrasound (≥10).	Indicate and, where appropriate, apply the indications for: O Respiratory physiotherapy. O Allergy tests. O Bronchoscopy. O CT scan, MRI. O Thoracentesis. O Contact tracing and indication for chemoprophylaxis in tuberculosis. O Use CPGs for the management of respiratory diseases.
1.7	Diagnose, treat and monitor people with the most prevalent digestive ailments.						Health Care Centre/ Internal Medicine Department/General Surgery and Digestive System and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with a digestive ailment in the Portfolio. Indicate and Interpret: O Laboratory tests (≥30). O Abdominal X-ray (≥30). O Elastography (≥5 with supervision). O Endoscopy (≥5 with Elastography). O Computed tomography (CT) and magnetic resonance imaging (MRI) (≥5 with monitoring). O Hepatobiliary and pancreatic ultrasound (≥5). O Ultrasound imaging for the abdominal wall and inguinal hernias (≥5). Carry out: O Nasogastric tube (NGT) and rectal tube placement (≥5 with supervision). O Indication of tube feeding (≥5 with supervision). O Manual stool disimpaction (≥5). O External thrombosed external haemorrhoid surgery (≥5 with supervision). O Drainage of abscesses in anal and perianal region (≥5). O Evacuative paracentesis (≥2). O Abdominal ultrasound (≥10).	Use CPGs for the management of digestive ailments. Know and, where appropriate, apply: O Diets for specific situations. O Diagnostic imaging indications. O Indications for liver transplantation. O Indications for food allergy and intolerance screening.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.8	Manage the differential diagnosis of periodic fever syndrome.						Health Care Centre/ Internal Medicine Department/Hospital Emergency Department and Primary Care.	Record a case that reflects the comprehensive management of a patient with periodic fever syndrome in the Portfolio.	○ Use CPGs for the management of periodic fever syndrome.
1.9	Diagnose, treat and monitor patients with the most prevalent infectious diseases.						Health Care Centre/ Internal Medicine Department.	Record a case that reflects the comprehensive approach to a patient with an infectious disease in the Portfolio. Make a declaration of notifiable diseases (≥5). Perform lumbar puncture (≥2).	○ Use CPGs for the management of the most prevalent infectious diseases. ○ Ultrasound to differentiate an abscess from cellulitis. ○ Perform drainage/ultrasound-guided puncture of purulent collections.
1.10	Diagnose, treat and monitor people with the most prevalent thyroid disease.						Health Care Centre/ Internal Medicine Department, Endocrinology and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with a thyroid disease in the Portfolio. Perform thyroid ultrasound (≥10).	Use CPGs for the management of thyroid disease. Know and, where appropriate, indicate: ○ Anti-thyroglobulin and anti-microsomal antibodies. ○ Sample collection. ○ Biopsy. ○ Thyroid scan. ○ CT scan/MRI.
1.11	Diagnose, treat and monitor patients with other endocrine-metabolic diseases.						Health Care Centre/ Internal Medicine Department and others/Endocrinology Department and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with an endocrine-metabolic disease.	Use CPGs for the management of endocrine ailments and other metabolic problems.
1.12	Diagnose, treat and monitor people with symptoms or the most prevalent neurological problems/disorders.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with a neurological disorder in the Portfolio. Chronic pain management.	Use CPGs for the management of the most prevalent neurological diseases. Indicate: ○ CT scan, MRI and positron emission tomography. ○ Electroencephalogram. ○ Electromyography. ○ Carotid ultrasound. ○ Nerve entrapment syndromes ultrasound. ○ Neurological rehabilitation.

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N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.13	Diagnose, treat and monitor patients with the most prevalent haematological diseases.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case that reflects the comprehensive approach to a patient on blood thinner therapy in the Portfolio. Understand transfusion guidelines.	Use CPGs for the management of the most prevalent haematological diseases.
1.14	Diagnose, treat and monitor people with the most prevalent dermatological lesions and diseases.						Health Care Centre/ Dermatology Department/Surgical Units.	Carry out: ○ Teledermatology (≥30). ○ Dermatoscopy (≥10). ○ Dermatology specimen collection (≥10). ○ Cryotherapy (≥10). ○ Administration of local and locoregional anaesthesia (≥10). ○ Incision and excision of superficial lesions (≥10). ○ Drainage and removal of subcutaneous lesions (≥10). ○ Biopsies and nail problem procedures (≥10). ○ Sutures (≥10).	○ Use CPGs for the management of the most prevalent dermatological diseases (chronic problems: acne, psoriasis, seborrhoeic dermatitis, atopic dermatitis and benign and malignant tumour lesions). ○ Take prevention and signs of malignancy in dermatological lesions into account.
1.15	Diagnose, treat and monitor patients with the most prevalent systemic and autoimmune diseases.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with autoimmune/systemic diseases in the Portfolio.	Use CPGs for the management of the most prevalent systemic and autoimmune diseases. Understand and, if necessary, apply the indications for carrying out: ○ An immune profile. ○ A CT scan/MRI. ○ Biological treatments.
1.16	Diagnose, treat and monitor people with the most prevalent renal and urological diseases.						Health Care Centre/ Internal Medicine Department and other medical/medical-surgical specialities.	Carry out: ○ Rectal examination (≥5). ○ Urine dipstick test (≥5). ○ Bladder catheterisation (≥5). ○ Transillumination of the scrotum (≥5). Indicate and, if necessary, carry out: ○ Renal and urinary tract, prostate and scrotal ultrasound (≥10).	Use CPGs for the management of the most prevalent renal and urological diseases. Indications for: ○ Urodynamic studies. ○ Cystoscopy. ○ CT scan/MRI.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.17	Diagnose, treat and monitor women with the most common gynaecological problems/disorders.						Health Care Centre/ Women's Health Care Programmes/ Obstetrics-Gynaecology Department.	Record a case that reflects the comprehensive approach to a patient with gynaecological disorder in the Portfolio. Carry out: ○ Vulva and vaginal examination (≥5). ○ Breast examination (≥5). ○ Bartholin cyst management (≥2). ○ Pessary insertion and removal (≥2). Indicate and, if necessary, carry out: ○ Basic gynaecological ultrasound, using transabdominal and transvaginal techniques (≥10).	○ Use CPGs for the management of the most prevalent gynaecological disorders. ○ Apply women's health care programmes in Primary Health Care (PHC)
1.18	Diagnose, treat and monitor people with sexual dysfunction or problems in the affective-sexual sphere.						Health Care Centre and other medical specialities.	Develop at least one affective and sexual health education programme based on the perspective of sexual and gender diversity and record it in the Portfolio.	
1.19	Indicate the different contraceptive methods and provide information on the voluntary termination of a pregnancy.						Health Care Centre/ Women's Health Care Programmes/ Obstetrics-Gynaecology Department.	○ Intrauterine device (IUD) insertion and removal (≥5). ○ Placement and removal of subcutaneous implants (≥5). ○ Perform and interpret a basic ultrasound in women with IUDs (≥10).	○ Use contraceptive CPGs.
1.20	Conduct the initial approach to people with problems conceiving.						Health Care Centre/ Specific Services or Units/Obstetrics-Gynaecology Department.	Record the management of a case with conception problems in the Portfolio.	○ Use CPGs and apply criteria for referral to specific departments or units. ○ Interpret a hormone test.
1.21	Collaborate in the monitoring of low-risk pregnancies. Conduct a diagnosis, initial care and referral for childbirth.						Health Care Centre/ Women's Health Care Programmes/ Obstetrics-Gynaecology Department.	Carry out: ○ Simulation and childbirth care workshop. ○ Fundal height measurement (≥10 with monitoring). ○ Foetal heart rate auscultation (≥10 with monitoring). ○ Determination of foetal presentation (≥10 with monitoring). Indicate and, if necessary, interpret a basic obstetric ultrasound (≥10).	○ Apply women's health care programmes in PHC.

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N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.22	Manage threatened miscarriage and silent miscarriage.						Health Care Centre/ Women's Health Care Programmes/ Obstetrics-Gynaecology Department.	Record a case that reflects a comprehensive approach to a woman with a threatened miscarriage/silent miscarriage in the Portfolio.	Know and apply: ○ The protocols for action in PHC. ○ Legislation concerning abortion.
1.23	Identify climacteric symptoms and manage the different treatment options.						Health Care Centre/ Women's Health Care Programmes/ Obstetrics-Gynaecology Department.	Report a case that reflects the climacteric care approach in the Portfolio. ○ Make a diagnosis of suspicion, initial care and apply referral criteria for postmenopausal uterine bleeding. ○ Interpret bone density test (≥5).	○ Use CPGs and implement women's health care programmes in PHC.
1.24	Diagnose, treat and monitor a person with problems/diseases of the locomotor system.						Health Care Centre/ Primary Care Emergency Room/ Hospital Emergency Room, Traumatology/ Rehabilitation/ Rheumatology.	Indicate and interpret as appropriate: ○ Simple bone X-ray of the locomotor system (≥20). ○ Musculoskeletal ultrasound (≥10). Carry out: ○ Arthrocentesis (≥5). ○ Joint and periarticular infiltration (≥10). Carry out and pass a workshop on the examination of the locomotor system.	○ Use CPGs for the management of musculoskeletal problems and disorders.
1.25	Guide the diagnosis of the patient with presumptive rheumatic disease.						Health Care Centre/ Rheumatology/other medical specialities.	Record a case that reflects the comprehensive approach to a patient with a rheumatic disease in the Portfolio. Chronic pain management. Indicate and, where appropriate, interpret: ○ A complete antibody profile. ○ A simple bone X-ray of the most prevalent rheumatic diseases (≥20).	○ Use the CPGs for the management of rheumatic diseases and osteoporosis. ○ Know the indications for immune profiles. ○ Take into account the initial symptoms of rheumatic diseases.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.26	Diagnose, treat and monitor patients with trauma, burns and surgical wound infections.						Health Care Centre/ Urgent Primary Care/ Hospital Emergency (Traumatology)/Other medical-surgical departments.	Perform/place: ○ Functional bandages (≥10). ○ Plaster casts and metal splints (≥10). ○ Shoulder dislocation reduction (≥2). ○ Painful pronation reduction (≥2). ○ Simple mandibular dislocation reduction (≥2). Carry out: ○ Initial treatment of moderate/severe burns. ○ Monitoring and treatment of surgical wound infections.	
1.27	Diagnose, initiate treatment and follow-up on a patient experiencing acute poisoning.						Health Care Centre/ Primary Care Emergency Room/ Hospital Emergency Room and other Emergency Departments.	Record at least one case of treatment for acute non-alcoholic intoxication in the Portfolio. ○ Treatment for poisoning (intoxicants and medicines) (≥5) ○ Treatment of a coma of unknown origin and situations of psychomotor agitation (≥5).	Be familiar with and, where appropriate, apply advanced therapy for acute poisoning.
1.28	Diagnose, treat and monitor people with the most prevalent ear, nose and throat ailments.						Health care centre/ other ear, nose and throat (ENT) medical-surgical departments/ Primary Care Emergency Room/ Hospital Emergency Room.	Carry out: ○ Otoscopy (≥10). ○ Wax plug removal (≥2). ○ Nasal packing (≥2). ○ Foreign body removal from ear and nose (≥2). ○ Audiometry: Rinne and Weber test (≥5). ○ Anterior rhinoscopy (≥5). ○ Indirect laryngoscopy (≥2). ○ Epley manoeuvre (≥5). Interpret: ○ Tympanometry (≥5). ○ Audiometry (≥2).	Use the CPGs for the management of the most prevalent ENT ailments.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.29	Diagnose, treat and monitor patients with the most prevalent problems/disorders of the eye and its adnexa.						Health Care Centre/ other medical-surgical departments (Ophthalmology)/ Primary Care Emergency Room/ Hospital Emergency Room.	Carry out: ○ Fundoscopy (≥10). ○ Fluorescein eye stain test (≥5). ○ Superficial corneal foreign body removal (≥5). ○ Retinography (≥10). ○ Amsler grid (≥5). ○ Detection of strabismus (Hirschberg test, Cover test) (≥5). ○ Eyelid eversion (≥5). Indicate and interpret: ○ Slit lamp examination (≥5).	○ Use the CPGs for the management of the most prevalent ophthalmologic ailments.
1.30	Diagnose, treat and monitor people with mental health issues.						Health Care Centre/ Mental Health Units/ Child and Adolescent Mental Health Units.	Record a self-reflective case report reflecting a holistic approach to a patient with mental health issues, emotional distress or psychopathology in the Portfolio. Carry out: ○ Psychopathological clinical interview (≥10). ○ Application of psychopathological screening questionnaires (≥10). ○ Suicide risk detection. Use supportive therapy and emotional regulation techniques.	Special attention to situations of risk linked to the main stages of life: adolescence, (self-harm, attention deficit hyperactivity disorder, eating disorders, emotional disorders and in situations of risk: bullying at school, domestic and partner abuse), maternity, menopause, ageing and retirement. ○ Take into account the impact on the family and address it.
1.31	Manage presumptive diagnoses and the interconsultation guidelines for the therapeutic approach to the main oncological processes.						Health Care Centre/ Internal Medicine Department and other medical specialities.	Record a case that reflects the comprehensive approach to a patient with an oncological process in the Portfolio.	Be aware of the importance of identifying early signs and symptoms suspicious of oncological processes.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.32	Diagnose, prioritise and treat medical, surgical and trauma emergencies in PHC.						PHC Continuous Care Points/Emergency and Urgent Care Departments.	Record a self-reflective case report reflecting a comprehensive approach to a critically ill patient in PHC in the Portfolio. Interpret: O Monitoring of constants (≥10). O Basal capillary blood glucose (≥10). Indicate and, where appropriate, interpret: O Ultrasound for a patient with dyspnoea and ultrasound-guided airway management (≥10). O Ultrasound for a patient with abdominal pain (≥10). O Ultrasound focused on a patient with thoracoabdominal trauma/haemodynamic instability or shock/cardiorespiratory arrest (≥10). O Vascular ultrasound (≥10). Carry out: O Functional bandage (≥10). O Wound suture (≥10). O Minor surgical procedures. O Local anaesthesia, digital block (≥10). O Serum therapy (≥10). O Oxygen therapy (≥10). O Aerosol therapy (≥10). O Peripheral venous access (≥10). O Indication for emergency medical transport (≥10). O Indication for referral to another health care setting. Theoretical-practical emergency course including advanced life support at the beginning of training and annual refresher theoretical-practical session (simulation classrooms).	Use of CPGs (stroke code, infarction code, sepsis, etc.). O For the emergency care course that includes training in Advanced Life Support: approved courses will be taken into account. O Be aware of the importance of detecting warning signs and symptoms prior to different urgent situations. O Consider the ethical and legal aspects of different urgent situations.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 1. Clinical competences for providing health care to people in their context. Applying the patient-centred clinical approach. Individual health care									
1.33	Diagnose, prioritise and treat medical, surgical and trauma emergencies in the critical care area of a hospital.						Hospital Emergency Department and other Emergency Services.	Record a self-reflective case report concerning a comprehensive approach to a critically ill patient in the hospital emergency department in the Portfolio. Carry out: ○ Serum therapy (≥10). ○ Oxygen therapy (≥10). ○ Aerosol therapy (≥10). ○ Advanced airway management: supraglottic methods (≥2), intubation (≥2). ○ Peripheral venous access (≥5). ○ Plaster casts and metal splints (≥15 with supervision). ○ Minor surgical procedures. ○ Cardiac tamponade (≥2). ○ Gastric lavage (≥2). ○ Subcutaneous infusion pump management (≥10). ○ Ultrasound-guided vascular access (≥5). ○ Therapeutic thoracentesis (≥5). ○ Clinical ultrasound (≥10). Simulation workshop for critical patient care (simulation classrooms) including at least the following: ○ Advanced airway management. ○ Electrical treatment in cardiorespiratory arrest. ○ Cardioversion. ○ Thrombolysis. ○ Advanced Life Support. ○ Patient with polytrauma.	○ For advanced life support and polytrauma training, approved courses shall be taken into account. ○ Be aware of the importance of detecting warning signs and symptoms prior to different urgent situations. ○ Consider the ethical and legal aspects of different urgent situations.

Domain 2. Clinical competences for providing health care to people in their context

Population groups and with risk factors in the population. Concerning the value of commitment to the individual and groups of people.

For personalised medical care, according to the population group or the characteristics and conditions that are particularly relevant and their specific needs, patients with chronic disease, multimorbidity and increasing complexity, often combined with ageing and end-of-life care, stand out due to their frequency.

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 2. Clinical competences for caring for people in their context: population groups and with risk factors in the assigned population									
2.1	Manage the most frequent needs and problems of newborns and infants.						Health Care Centre/ Paediatric Department/Primary Care Emergency Room/Hospital Emergency Room (Paediatrics).	○ Record a self-reflective report of a case that reflects the comprehensive approach to a newborn/infant patient, including the application of a prevention programme in the paediatric population in PHC in the Portfolio. ○ Provide care for urgent health problems in PHC.	Be familiar with vaccination schedules.
2.2	Diagnose, treat and monitor the most frequent health problems in the paediatric population.						Health Care Centre/ Paediatric Department/Primary Care Emergency Room/Hospital Emergency Room (Paediatrics).	○ Record a self-reflective report of a case that reflects the comprehensive approach to a child patient, including the application of a prevention programme in the paediatric population in PHC in the Portfolio. Carry out: ○ Early detection and intervention in situations of trauma, mistreatment or abuse. ○ Rational drug use programmes in the paediatric population in PHC. ○ Attention to urgent health care problems in PHC. ○ Screening for visual disturbances (≥10 cases). Interpret: ○ Length and weight percentile charts. ○ Laboratory data according to age adjustment. ○ Audiometry. ○ Basic X-rays.	Be familiar with vaccination schedules. Carry out a family and psychosocial approach in: ○ Families with young children and in the "empty nest" phase. ○ Families with children with severe health care problems. ○ Families with chronically ill children or children with global developmental delay/psychomotor retardation.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 2. Clinical competences for caring for people in their context: population groups and with risk factors in the assigned population									
2.3	Diagnose, treat and monitor the most frequent problems of adolescents.		■	■		■	Health Care Centre/ Paediatric Department/Primary Care Emergency Room/Hospital Emergency Room (Paediatrics).	Record a self-reflective case report reflecting the comprehensive approach to adolescents and the preventive activities carried out in the Portfolio. Carry out: ○ Preventive activities concerning: – Sexually transmitted infections. – Unwanted pregnancy. – Alcohol and drug use as well as behavioural addictions. – Eating disorders. – Self-injurious behaviour. ○ Attention to urgent health care problems in PHC. ○ Early detection and management of mental health problems, including early detection and intervention in situations of trauma, mistreatment or abuse. ○ Deliver a clinical session on evidence-based preventive measures for adolescents and record it in the Portfolio.	○ Use motivational interviewing to address risk behaviours. ○ Carry out community and family health care activities.
2.4	Diagnose and treat the main geriatric syndromes and the most prevalent diseases, with differentiating aspects among the elderly.		■	■		■	Health Care Centre/ Internal Medicine/ Geriatrics/other medical specialities.	○ Record a self-reflective report on the care for the elderly in PHC in the Portfolio. ○ Implement measures to promote active and sustainable ageing. ○ Carry out functional assessments and interventions to improve quality of life. ○ Coordinate specific and customised promotion and prevention activities for the elderly, including early detection of maltreatment/abuse.	Apply: ○ Validated scales in geriatric assessment. ○ Clinical practice guidelines in providing care for pre-frailty and frailty in patients over 65 years old. ○ Prescribing and deprescribing guidelines (BEERS, STOPP-START and others), management of polymedication. Carry out: ○ Family and psychosocial support in the family contraction stage of the life cycle and in families with older people with chronic disabling illnesses. ○ Community care activities.
2.5	Manage the most frequent needs and problems of people with sexual and gender diversity, as well as the needs of individuals in the process of gender transition.		■	■		■	Health Care Centre.	○ Record a self-reflective case report in the Portfolio. ○ Apply specific prevention and health promotion measures for a sexually and gender diverse population.	○ Integrate a sexual and gender diversity perspective in individual, family and community health care. ○ Adjust drug treatment in patients undergoing gender transition.

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N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 2. Clinical competences for caring for people in their context: population groups and with risk factors in the assigned population									
2.6	Diagnose and contribute to the management of occupational disease, occupational accidents and work-related diseases.						Health Care Centre/ Medical Units for Disability Assessment.	○ Conduct a clinical-occupational history of a worker in their daily activity and identify the risks involved in the working conditions. ○ Manage temporary and permanent disability. ○ Apply occupational health and safety legislation during pregnancy. ○ Attend and pass a specific course.	○ Take into account the family, psychosocial and health impact of stressful work-related situations and assaults on the physician's own health. ○ Use the guidelines/protocols for dealing with an assault or occupational disease.
2.7	Manage multimorbidity patterns and their corresponding pharmacological therapies.						Health Care Centre.	○ Coordinate the diagnostic and therapeutic process of patients with multimorbidity in the assigned population. ○ Record a self-reflective report on the care provided to patients with multimorbidity in PHC in the Portfolio.	○ Use the various tools available to support the care process for these patients (Ariadne principles). ○ Institute and implement treatment plans through a process of shared doctor-patient decision-making and with other professionals and specialists involved. ○ Apply the principles of rational medicine use in polymedicated patients.
2.8	Diagnose the situation of a complex chronic patient or an advanced chronic patient. Plan therapeutic goals appropriate to the stage of the disease, the patients' expectations and the rational use of medicine.						Health Care Centre.	○ Conduct s comprehensive complexity assessment. ○ Design and implement shared care plans for highly complex cases with all the people involved. ○ Record a self-reflective report on the care of chronic patients in PHC in the Portfolio.	○ Coordinate with health care, hospital, social-health and community services to maintain continuity of care and transitions between levels of care.
2.9	Conduct a complete comprehensive cognitive, functional, biopsychosocial and family assessment of an immobilised patient. Prevent, diagnose and treat complications in these patients.						Health Care Centre/ Home Care Programmes or Units.	Record a case that reflects the comprehensive approach to an immobilised patient in the Portfolio. Carry out: ○ Individualised therapeutic plan including management of nutritional deterioration, pharmacotherapeutic strategy and rehabilitation plan to treat and prevent the progression of immobilisation. ○ Bladder and nasogastric catheterisation. Treatment of complex pressure ulcers. Indicate and, if necessary, apply: ○ Oxygen therapy (≥5). ○ Aspirators (≥5). ○ Subcutaneous treatment devices (≥5).	Apply: ○ Clinical guidelines for referral to hospital departments. ○ Monitoring programmes for advanced chronic patients and home care. Carry out: ○ Family and psychosocial counselling and indicate the social and health resources available for each situation.

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N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 2. Clinical competences for caring for people in their context: population groups and with risk factors in the assigned population									
2.10	Provide comprehensive medical care to and monitor people with functional diversity.						Health Care Centre.	○ Design an individualised care plan according to the patient's disability and record it in the Portfolio. ○ Be familiar with and apply the indications for interconsultation with the proper professional according to the characteristics of the person with functional diversity. Clinical session: ○ Concept of functional diversity and disability. ○ Main types of disability (intellectual, sensory, motor). ○ The after-effects of road traffic injuries. ○ What a barrier-free health care centre should look like.	○ Integrate health care for people with functional diversity into the activities of the health care centre. ○ Build a relationship of trust with the family and caregivers of the patient with functional diversity.
2.11	Identify and provide counselling for people at risk of rare or genetic diseases or hereditary cancer. Carry out clinical and psychosocial monitoring of patients with these types of diseases.						Health Care Centre/ Genetic counselling programmes.	○ Record a self-reflective report on activities carried out on patients with rare, genetic diseases or hereditary cancer in PHC in the Portfolio. ○ In the population quota assigned to the family doctor: ○ Identify the different inheritance patterns of families with rare, genetic diseases or hereditary cancer in the family tree. ○ Construct a detailed, three-generation family tree according to standardised nomenclature and record it in the medical record. ○ Conduct preconception counselling.	Apply the clinical guidelines on genetic diseases for health care from PHC and make referrals to reference centres. Use of the DICE-APER protocol. Knowledge of clinical genetics services, leading hereditary cancer units, the resources available by telephone, Internet and in the literature concerning teratology, as well as prenatal diagnosis techniques and the different types of genetic tests.
2.12	Diagnose, treat and prioritise actions to address the problems, pain and complications of patients in need of oncological and non-oncological palliative care.						Health Care Centre/ Home Care Programmes or Units.	○ Record a case that reflects the comprehensive approach to a patient in palliative care in the Portfolio. ○ Use therapeutic techniques in the home of the patient undergoing palliative care. ○ Apply skin-mucosal ulcer and ulcerating tumour care.	Carry out: ○ A biopsychosocial assessment of patients in need of palliative treatment and use of validated scales for assessing symptoms. ○ Family health care activities.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 2. Clinical competences for caring for people in their context: population groups and with risk factors in the assigned population									
2.13	Manage the diagnosis and therapeutic approach to the process of dying at home. Manage grief and diagnose pathological grief.						Health Care Centre/ Home Care Programmes or Units.	○ Record a self-reflective report concerning a patient who has required comprehensive care in relation to the process of dying at home in the Portfolio. ○ Ensure continuity of care and the palliative care support network. ○ Participate in advance care planning in coordination with other healthcare professionals. ○ Carry out advance health care planning. ○ Offer to make advance directives. ○ Indicate the deprescribing and prescribing of medicines. ○ Recognise refractory symptoms and the possibility of sedation. ○ Fill in the death certificate (≥2). ○ Complete and pass a specific course on end-of-life care.	Be familiar with: ○ Legislation concerning patient rights and autonomy at the end of life and advance directives/prior instructions document. ○ Spanish Organic Law regulating euthanasia and the conscientious objection registry. Carrying out family health care activities.
2.14	Detect and address the family, psychosocial and health impact on caregivers. Detect caregiver burnout.						Health Care Centre/ Home Care Programmes or Units.	○ Record a community activity aimed at supporting caregivers in which the resident has participated in the Portfolio. ○ Conduct a medical history to identify the family's impact, function and organisation. ○ Carry out training activities for caregivers on disease management, coping and care strategies and bereavement management.	○ Use validated scales for assessment of burden (Zarit), symptoms and diseases, social and family situation (Gijón) and social support network. ○ Coordination with social welfare services. Carry out family and community care activities to improve support for the caregiver.

(Continued)

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 2. Clinical competences for caring for people in their context: population groups and with risk factors in the assigned population									
2.15	Identify and address the personal and family needs of a vulnerable person or one who is at risk of social exclusion. Differentiate the emotions and psychological conflicts of this population group from the mental disorders that may be associated with them.						Health Care Centre.	○ Record a self-reflective report on integrated care for people at risk of social exclusion in the Portfolio. ○ Carry out a comprehensive social history by identifying situations of vulnerability. ○ Identify social determinants and health inequities and understand how they impact on the different axes of inequality. ○ Detect and intervene in mental health problems in at-risk populations. ○ Participate in recruitment strategies for people who are socially excluded: outreach techniques, peer-to-peer work. ○ Plan community health education activities with groups of people who are socially excluded.	Carry out family and community care activities.
2.16	Identify situations of risk, vulnerability and signs of abuse and gender-based violence and carry out prevention, care and follow-up.						Health Care Centre.	○ Record a self-reflective report on comprehensive health care in situations of risk or suspected abuse or gender-based violence and activities related to prevention. ○ Apply the gender-based violence protocol for each area and complete the corresponding injury report. ○ Perform a physical examination and basic psychological assessment. ○ Design a comprehensive action plan in coordination with other professionals and institutions.	○ Collaborate with other professionals or specialised entities to resolve the matter, in particular, inform and coordinate with the paediatrician if the woman has children in order to prevent child abuse. ○ Understand the legal framework of hate crimes when dealing with people who have experienced violence on the grounds of sexual and gender diversity. ○ Carry out family and community care activities in different population groups.
2.17	Identify and interpret the symptoms related to the socio-cultural expression of the health-illness process and health care when providing care for migrants and with respect to cultural diversity.						Health Care Centre.	○ Record a self-reflective report on care provided to migrant or culturally diverse populations in coordination with professionals in the social and healthcare field in the Portfolio. ○ Conduct a medical history including socio-cultural data and identify its impact on values, beliefs and behaviours related to health-disease processes and healthcare.	○ Recognise the differences between a person who is a migrant, cultural diversity, cultural competence. ○ Detect and differentiate between migratory grief and Ulysses syndrome. ○ Prevention, detection and management of the most prevalent international health issues (imported and tropical diseases). ○ Be aware of when it is necessary to refer to cultural mediation or other entities in serious situations.

Domain 3. Clinical competences for family health care

Concerning the value of commitment to the individual and groups of people in their family context.

In order to provide longitudinal care for the family, it is important to assess its importance in the health-illness process and address psychosocial problems at the family level. Carry out interventions to promote the family as an agent of good health and be familiar with the basics of brief family therapy. Advanced communication skills are necessary for the domain of this competence.

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 3. Clinical competences for family health care									
3.1	Assess the importance of the family in the health-illness process.						Health Care Centre.	○ Complete and pass a theoretical and practical course on tools, communication and interviewing skills for family health care. ○ Identify family resources and analyse the existing social network. ○ Detect family conflict and determine how to address it.	○ Take socialisation into account during illness, as a factor that can generate health and/or illness and which can modify the doctor-patient relationship. ○ Use the type of family structure in addressing problems in different types of families. ○ Interpret individual dysfunction as symptomatic of family dysfunction.
3.2	Conduct longitudinal care for the family.						Health Care Centre.	○ Record a therapeutic care plan for family health care and the assessment of the plan in the Portfolio. ○ Apply validated techniques and tools for family health care. ○ Apply the fundamentals of problem-based family intervention. ○ Design therapeutic family health care plans: anticipatory counselling. ○ Contribute to teamwork with other health care professionals to improve family health care.	○ Manage risk factors posed by transitions from one phase of the family life cycle to another. ○ Institute a long-term relationship with the patient and their family that helps to facilitate shared decision-making. ○ Apply: – Systemic theories and communication as theoretical bases for family health care. – The ecological model.
3.3	Diagnose and monitor biopsychosocial problems at family level.						Health Care Centre.	○ Record a self-reflective report on a case of following up with a family with a psychosocial problem in the Portfolio. ○ Plan how to address family matters, establishing suitable action plans. ○ Conduct family interviews for people with mental health problems.	
3.4	Apply family interventions and know the basics of brief family therapy in order to coordinate the continuity of care for patients and families who need this therapy.						Health Care Centre.	○ Complete and pass a theoretical and practical course on family intervention and brief family therapy.	

Domain 4. Competences in clinical population management and community health care: Community Oriented Primary Care (COPC) and asset-based health promotion. Concerning the value of commitment to people and the community as a whole

Population-based clinical management: to improve the health of the assigned population by applying micro-management tools (from demand-side consultation management, planning for chronic patient care taking into account the rational use of resources and equity, to designing and implementing an improvement plan or a population-based clinical management plan on one of the identified and prioritised problems).

COPC and asset-based health promotion: to improve the health of the assigned population by integrating the community context and social environment into individual care, in order to adopt an appropriate biopsychosocial approach to patients' problems.

Community orientation as a key element of the work of the Primary Health Care Team (PHCT), as indicated in the Strategic Framework for Primary and Community Health Care (2019), includes promotion and prevention activities with a focus on the social determinants of health, in multi-sector settings that ensure healthy and equitable environments that promote good health. FCM specialists collaborate with community organisations and assets, recognising that people, their networks, social groups and organisations are the central characters in caring for and promoting their health, focusing on the most vulnerable or disadvantaged groups, as well as those with the worst levels of health and those with difficulty in accessing health and social services.

Future FCM specialists should be aware that the role of individual care is limited and modify their training towards a broader approach, working with a salutogenic approach towards health assets, considering the social and environmental determinants that reinforce health and incorporating the capacities of individuals, families and communities.

Community health should be part of the daily routine, with a priority focused on health problems, in order to promote the training and empowerment of people at the individual level as well as the collective level of the community to which they belong.

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 4. Competences in population-based clinical management, Community Oriented Primary Care (COPC) and promotion of asset-based health care									
4.1	Apply the fundamentals of population-based clinical management and/or Community Oriented Primary Care (COPC) to micro-management in Family and Community Health Care.						Health Care Centre.	Complete and pass a training course on: ○ The values of the Spanish National Health System and of FCM. ○ Basic principles of PHC. ○ Concepts of planning and management in health care services. ○ Types and levels of planning. Apply: ○ Basic principles of quality management and process management and how they are applied to a basic health care area. ○ Conceptual foundations of assessment and quality improvement: the assessment cycle. ○ Use of health information systems.	○ Be familiar with the sources of secondary evidence and select clinical practice guidelines (CPGs) for clinical management. ○ Create a map of the resources to serve the assigned population. ○ Apply a gender and age based perspective and other social determinants in the care provided to the assigned population.
4.2	Plan health care and organise consultations, with regular monitoring, paying special attention to chronic patients and detect those most in need.						Health Care Centre.	○ Design and implement a population-based clinical management plan on one of the identified and high priority problems. ○ Include a population-based clinical management plan that has been implemented in the Portfolio.	Carry out objective-based programming.
4.3	Manage problems or opportunities for improvement in the management of health care practice, applying root cause analysis methods.						Health Care Centre.	○ Carry out clinical audits. ○ Implement and evaluate an improvement plan.	○ Analyse the factors (related to the user, profession or organisation) that influence the use of health care services. ○ Address hyper-frequenting persons/patients in a holistic manner.
4.4	Prioritise community health problems.						Health Care Centre/ Public Health Care Facility.	○ Identify the impact of effective and efficient individual health care on the community's level of health, taking into account the determinants of health and social inequalities in health. ○ Analyse the distribution and determinants of a health need in the community. ○ Apply qualitative methods to identify and prioritise community health needs and problems, as well as to implement and evaluate community interventions and record them in the Portfolio.	Participate in establishing priorities, developing and evaluating a community intervention, including health education.

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N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 4. Competences in population-based clinical management, Community Oriented Primary Care (COPC) and promotion of asset-based health care									
4.5	Promote training, a leading role and active participation in caring for and maintaining citizens' health (empowerment) and social organisations in the community.						Health Care Centre.	Use information sources and methods to identify available community resources to promote health and health care. ○ Implement a community intervention or work on improving one that has already been developed.	○ Recognise the different opportunities for community action depending on the social environment and assess the different possibilities for community action in urban and rural areas.
4.6	Coordinate inter-professional and citizens' groups as a basis for community action.						Health Care Centre.	○ Design and develop an asset- and resource-based community action plan including group work activities or a research project on community health or on the evaluation of health care services from the perspective of the general population. ○ Develop an intersectoral coordination plan for promoting health in a community. Collaborate in health-related interventions in non-health care institutions (municipalities, agreements with the third sector, etc.) and their possible application at the health care level.	Apply: ○ The priority lines of research in community health care. ○ The conceptual bases and techniques of qualitative methodology and research (focus groups and others).
4.7	Integrate the community context and the social environment in individual care, carrying out an appropriate biopsychosocial approach to people's problems.						Health Care Centre.	○ Conduct clinical sessions on cases with a focus on social determinants, incorporating an action plan with a community approach that is coordinated in a multidisciplinary way. ○ Design and implement health education programmes.	○ Recommend community assets or resources in the action plan for specific health problems. ○ Identify the social and community determinants of the health problems addressed. ○ Use poverty screening tools in the consultation, know when they are indicated and know how to use the answers that may be provided.

Domain 5. Competences in Research, Innovation, Training and Teaching. Concerning the strong commitment to science, ethics, society and the speciality

In order to achieve excellence in health care through research, innovation, training and teaching and to promote good practices and the development of the speciality.

Research and Innovation: integrate knowledge to respond to health care problems and gaps in knowledge detected in the clinical practice of FCM through the best scientific information available (Evidence Based Medicine).

This includes competences to identify opportunities for innovation in all areas of PHC, including: obtaining, managing, applying and critically evaluating scientific information and integrating knowledge and skills to participate in research and innovation projects. Carry out a research project in relation to their practice (End of Residency Research Project), which may use quantitative or qualitative methodologies or research on teaching aspects that contribute to improving the training.

Training and Teaching: medical residents must apply different learning methods useful for their training progress based on a critical analysis, as well as for teaching patients individually or in groups, or to students, residents and professionals.

As future FCM professionals committed to the advancement of their speciality, the specialists in training will be the tutors and university teachers of the future, and will therefore participate in the training of new residents and undergraduate students, helping the new generations of professionals to learn, understanding that this is also a learning process.

N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 5. Competences in Research, Innovation, Training and Teaching									
5.1	Be familiar with the characteristics, regulations and applications of research studies and the support structures for research in PHC.						Health Care Centre/ Primary Care Research Units.	Complete and pass a theoretical-practical training course on resources and tools for research: ○ Literature review. ○ Critical reading. ○ Methodology, ethical and legal aspects. ○ Publication of research results/scientific writing.	Special focus on clinical trials in PHC.
5.2	Understand the ethical principles inherent in all biomedical research and the need to safeguard them, the main functions of Research Ethics Committees and the implications of conflicts of interest on research.						Health Care Centre/ Primary Care Research Units.		Attend at least one research ethics committee or research commission meeting.
5.3	Identify the needs for quality scientific information and retrieve scientific information following quality and efficiency guidelines.						Health Care Centre.	Critically read scientific papers, with the ability to make decisions about their validity, clinical relevance and applicability.	
5.4	Identify the concept of innovation in health and the opportunities for innovation in all areas of PHC.						Health Care Centre.	Take and pass a course on aspects related to innovation (health interventions, new ways of working and technologies, digital health, digital health records, artificial intelligence and big data) for problem solving in PHC and FCM.	
5.5	Incorporate the knowledge and skills necessary to carry out research work.						Health Care Centre/ Primary Care Research Units.	○ Carry out a research project (end of residency project) to answer a research question of relevance to FCM and/or PHC. ○ Present the research results in the form of a communication at a conference (oral presentation or a poster) or as a publication. ○ Record research protocol and communications/ publications in the Portfolio.	○ Apply knowledge of qualitative and/or quantitative research studies and skills to collaborate in studies and their main applications in PHC and Family Medicine. ○ Apply the perspective of gender and age and other social determinants in the creation and interpretation of scientific evidence.
5.6	Carry out a critical analysis of the training progress and the use of the training plans during the residency period.						Health Care Centre/ Primary Care Teaching Units.	Collaborate in the programme's learning plan adapted to different learning contexts. Use self-evaluation processes and accept feedback to improve the training process.	Understand self-taught training as a key ongoing process to achieve the profile of a specialist in FCM.

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N.º	Specific competences	Assessment instruments					Learning context	Training activity	Recommendations
		Ex	Ob	Au	360º	Po			
Domain 5. Competences in Research, Innovation, Training and Teaching									
5.7	Respond to health problems and gaps in knowledge detected in the clinical practice of FCM through the best scientific information available (Evidence Based Medicine).						Health Care Centre.	Clinical sessions applying Evidence-Based Medicine	Critically evaluate the scientific information received in the training activities.
5.8	Apply different teaching methods for acquiring professional knowledge, skills and perspectives.						Health Care Centre/ Primary Care Teaching Units.	○ Implement educational activities aimed at patients and the referral community. ○ Teaching activities for other healthcare professionals. ○ Collaborate in training activities organised by the Teaching Unit, both in person and virtual activities. ○ Collaborate in preparing and making updates to the Teaching Unit's Training Programme. ○ Record at least one training activity aimed at patients and the community in the Portfolio. ○ Record at least 4 training activities/year (clinical sessions, bibliographic sessions, etc.) in the Portfolio.	Training on teaching methodology: workshops/ simulation/role-playing/courses/seminars/clinical cases.

8 Development of the Official Programme of the Speciality

The residency system that enables access to the title of medical specialist in FCM comprises a four-year training period, which will be carried out in an MFCCTU that is currently accredited or in a unit that will receive accreditation once this order enters into force. However, certain training placements in Health Science specialities that feature content whose knowledge is useful to ensure that residents gain a better and more complete training may be carried out in other teaching facilities with which there is a prior agreement or collaboration agreement and which have the corresponding accreditation and teaching capacity.

The period of rotations/training placements in other specialities shall be in accordance with current legislation. For this reason, a proposal has been drawn up to develop the OPS for four years, which envisages 48 months of training in different teaching facilities, excluding the four months corresponding to the annual holiday periods.

Given that priority is provided to training in PHC with specialists in FCM, one of the strengths of the OPS is that these guidelines propose flexibility in the training environments based on the MFCCTU's resources, prioritising the acquisition of competences, not excluding any of the different medical or medical-surgical specialities, given that the basic clinical competences necessary to practice the speciality form part of a common core of competences with the different related specialities. Teaching units should prioritise the acquisition of PHC competences, provided that the units meet the requirements for the implementation of the OPS: sufficient teaching experience and available resources.

Through flexible, tutored and individualised training, the programme offers the opportunity to acquire the values and competences that make it possible to adapt and assess the speciality, in a permanent dialogue between the more traditional roles of FCM, which remain in force, and its new roles that have arisen in response to the new needs of today's society, which will make its role as the unifier of the whole of health care for the population possible in the coming years. The teaching commissions of the MFCCTU must draw up the Standard Training Itinerary Guide (STIG), which will be adapted to the OPS of the speciality of FCM and must be applied to all residents training in this speciality, without prejudice to its adaptation as an individual training plan (ITP) for each one. All of this is specified in the Generic Training Itinerary, which includes training time in Continuing Care, Urgent Care and Emergencies. Residents must also participate in the training activities of the MFCCTU itself, as well as those agreed by the Teaching Commission, related to the provisions established in this OPS.

Residents shall undergo 70% of their training period in the PHCT and the PHC support units, and sufficient resources must be guaranteed for quality specialised health care training. Fifty perfect of the training in urgent care and emergencies will be carried out in hospital and other emergency health care services, and 50% in Continuing Care/Urgent Care in PHC. In the event that it is necessary to complement the target competences of the OPS for FCM, a free elective period that will last a maximum duration of three months is available for the FCM's objectives in PHC.

To implement the OPS, specialised training for FCM residents should take place in the various accredited facilities, and the training must be supervised. The teaching unit must draw up a training itinerary that reflects the competences to be fulfilled by medical residents throughout each of the four annual courses of the training programme, taking into account the following recommendations that must be flexibly tailored to the teaching facilities and resources available in each multi-professional teaching unit and to the resident's ITP:

- Residents must have sustained initial contact with PHC (at least six months in the first year) and regular placements with the FCM tutor every year.
- 70% of training placements should take place in PHC, promoting training in this area of care, with guaranteed access to sufficient human resources and equipment for quality specialised healthcare training. At least two or three months of rotation in a rural health care centre during the second or third year, preferably performing on-call duty in rural centres during this training period. Residents who are assigned to a rural teaching centre must have an equivalent placement to one in an urban health care centre. At least three months of rotation in child and adolescent care in PHC during the second or third year. During the fourth year of training, FCM residents must be able to participate actively in all the health care centre's activities and to take full autonomous charge of a FCM practice without the presence of the tutor in a progressive manner.
- If it is necessary to complement the target competences of the OPS in PHC and Community Medicine, the optional free elective training placements may be carried out at the MFCCTU itself or through external placements, which will be for a maximum of three months during the entire training period, preferably during the second or third year.
- Continuous Care and Urgent Care/Emergencies: in general, in order to acquire these competences, three to four shifts per month will be carried out in Continuous Care (in PHC, hospital facilities and emergency health care services, such as mobile ICU, 112 (general emergency services) or 061 (medical emergency services). The fifth shift shall be voluntary, in accordance with the requirements and limitations established by current labour legislation (special working hours). The recommended proportion of hours will be 50% in PHC and 50% in hospital and other emergency health care services.

The following table summarises the general guidelines, which should be adapted to the individual training plans over the next two full years of training, following the publication of the speciality programme.

Medical Resident Year 1	○ Primary Care: health care centre (HCC) (FCM) of the assigned Primary Health Care Team (PHCT): 6 months. ○ Internal Medicine Department and other medical specialities: 5 months.
Medical Resident Years 2 and 3	○ Primary Care: HCC (FCM) of the assigned PHCT: at least 1 month/year. ○ Care for children and adolescents: 3 months in the HCC of the assigned PHCT. Care for the elderly: 1 month in HCC (FCM) of the assigned PHCT. ○ Primary care: HCC, rural PHCT, 2-3 months. Continuous care shall preferably be provided at the corresponding rural Continuous Care Point. ○ Reproductive health care for women: 2 months, minimum 1 month in PHC. ○ Psychiatry: 2 months, in Mental Health Care Centres or Units. ○ Medical/medical/surgical specialities departments, including FCM: 7-8 months. ○ Free-elective training placement: in the teaching unit itself or external rotations: maximum of 3 months, at the discretion of the MFCCTU, to complement the target competences of the OPS in PHC and Community Medicine.
Medical Resident Year 4	○ Primary Care: HCC (FCM) of the assigned PHCT: 11 months.
Medical Resident 1-2-3-4 years	○ Continuous Care and Emergency/Urgency (3-4 on-call/month) (+5th voluntary month on-call[a]). ○ Self-taught learning and programmatic assessment (tutor and Teaching Unit). ○ Training activities: classes/group work/workshops: minimum of 200 hours during the 4 years of training, given by the MFCCTU according to the theoretical and practical training plan approved by the teaching committee, to fulfil the objectives of the OPS of the FCM. ○ Holidays in accordance with regulations.

[a] The workday shall comply with current regulations: Law 55/2003, of 16 December, on the Framework Statute for Statutory Staff of the Health Services, European Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time, as well as the current regulations on specialised health training and Spanish Royal Decree 1146/2006 of 6 October, which regulates the special employment relationship of residency for the training of specialists in Health Sciences.

The following are the recommended guidelines for implementing on-call duty: in the first year as a resident, training should preferably take the form of on-call duty in a hospital emergency department (recommendation: 20% in PHC and 80% in hospital). Over the remaining years, after approval by each teaching committee and adapted to the ITP, the percentage of training spent in a hospital will be progressively reduced while the time in PHC will be increased until the last year of residency, when training will take place preferentially in PHC (recommendation: 80% in PHC / 20% in hospitals and/or emergency health care services).

First year Medical Resident	20% Primary Care + 80% in hospital
Second year Medical Resident	40% Primary Care + 60% in hospital
Third year Medical Resident	60% Primary Care + 40% in hospital
Fourth year Medical Resident	80% Primary Care + 20% in hospital and/or Emergency Health Care Services

Accreditation Requirements of the Multiprofessional Family and Community Care Teaching Units

semFYC
Sociedad Española de Medicina de Familia y Comunitaria

Accreditation Requirements of the Multiprofessional Family and Community Care Teaching Units

— **Name of the speciality:** Family and Community Medicine
— **Duration:** four years
— **Previous university degree:** Medicine

The accreditation requirements defined below allow for the accreditation of two residents per year in the specialities of Family and Community Medicine (FCM) and Family and Community Nursing (FCN).

1 Teaching structure

1.1 Organisational structure of the Multiprofessional Family and Community Care Teaching Unit

The Teaching Unit is defined as the set of personal and material resources belonging to the healthcare, teaching, research or any other type of facilities which, regardless of their ownership, are deemed necessary to provide regulated training in Health Sciences specialities through the residency system, as established in the official programmes of the different specialities. In accordance with Spanish Royal Decree 183/2008, of 8 February, the specialities that affect related health care fields will be constituted as multi-professional teaching units, this is the case of the Multi-professional Family and Community Care Teaching Units (MFCCTU), where the specialists in FCM and FCN will be trained.

The MFCCTU are made up of Health Care Centres, hospitals and other facilities. in order to carry out the Specialised Health Care Training (SHCT) in the MFCCTU, the following teaching figures are essential.

1.1.1 Teaching Commission

The Teaching Units have collegiate teaching bodies, which are the Teaching Committees. Their functions are: to organise training, supervise the practical application and monitor compliance with the objectives set out in the Official Programmes of the Speciality (OPS) of the different specialities in Health Sciences. It is also responsible for facilitating the integration of residents' training activities with the routine healthcare activity of the health care centres to which they are assigned, planning their professional activity in the centre together with the centre's management bodies.

In general, the Autonomous Communities shall set up Centre Teaching Commissions that group together the teaching units of the MFCCTU established in their area, without prejudice to those cases in which the creation of a Unit Teaching Commission is advisable due to their special nature.

Specific sub-committees of the Teaching Commission shall be set up when so required by the particular conditions, training characteristics, different qualifications or the diverse nature or geographical dispersion of the facilities considered necessary to provide training for the residents.

1.1.2 Head of Studies

The functions of the Head of Studies are established in Spanish RD 183/2008, of 8 February, which determines and classifies the specialities in Health Sciences and develops certain aspects of the specialised health care training system. Order SCO/581/2008, of 22 February, states that the duties of the heads of specialised training studies, and in accordance with the provisions set forth in article 10, sections 2, 3 and 4, of Spanish Law 44/2003, of 21 November, shall be considered clinical management duties and as such must be evaluated and recognised; the autonomous communities are responsible for regulating the necessary procedures for the recognition, incentivisation and regular assessments of these duties.

1.1.3 Accredited tutors for each speciality

The tutor of the specialist resident, accredited and appointed by the procedure set forth by the Autonomous Community involved, shall be the same for the entire training period. The maximum ratio shall be five residents per tutor.

1.1.4 Other teaching figures

The autonomous communities, according to their own characteristics and organisational guidelines, may create other teaching figures with the aim of covering significant collaborations in specialised training, research objectives, development of generic or specific modules of the programmes or any other teaching activities of interest.

1.1.5 Establish the appropriate guidelines to form Evaluation Committees for the corresponding speciality

1.2 Teaching quality management plan

The MFCCTU's activities must be integrated into the teaching quality management plan (TQMP) of the Centre or Multiprofessional Teaching Unit, ensuring that the teaching processes are identified, planned, carried out, monitored and improved, identifying the established guidelines with regard to:

- Management's commitment to the Unit. The school's management or administration must show that it has established the mechanisms and resources required for teaching
- Mechanisms of representation and communication with the Teaching Committee to ensure management's involvement with the SHCT.
- Participation of the Head of Studies in the centre or unit's management bodies.
- Specific quality objectives of the Teaching Committee, which must be kept in line with the faculty's or teaching unit's strategy.
- Planning and allocation of the resources necessary for teaching (dedication of staff involved in training set forth in the agreement or collaboration agreement with the health care units, physical and support spaces; custody of residents' files, etc.).
- Commitment to spearhead collaboration agreements or conventions with the necessary teaching facilities to fulfil the OPS.
- Planning, development, measurement and improvement of the SHCT. The mechanisms and resources required for teaching must be established, which should include systematic mechanisms and resources for:
  - Welcoming and providing information for residents.
  - Planning of teaching activities (standard training guide or itinerary and individual adaptation).
  - Assessment planning.
  - Indications for drafting the monitoring and progressive accountability protocol.
  - Guidelines for training, annual and final assessment. Standardised annual reports of the tutor.
  - Authorisation procedure for external rotations.
  - Guidelines for the annual report on the teaching capacity of the accredited centre and units.
  - Incidents and complaints.
  - Custody of residents' files.
  - Monitoring of objectives and control of teaching processes.
  - Resident satisfaction.
  - Self-assessments and internal audits (recommended).
  - Analysis and continuous improvement (recommended).

1.3 Teaching resources

The current access to the necessary teaching resources within the MFCCTU for the SHCT must be described. These resources include:

- Digital medical records.
- Classrooms or meeting rooms.
- Audiovisual media.
- Virtual library.
- Clinical skills training rooms or classrooms, etc.

1.4 Research

The MFCCTU must have a plan of research activities, integrated into the centre or unit's research plan. Scientific activity should be established with the following minimum requirements:

- An annual publication in national or international journals by the Multi-professional Teaching Unit (MTU) in the last two years.
- An annual paper or communication at national or international conferences and congresses in the last two years in each MTU speciality, or three in the case of multidisciplinary work.
- A research project, with evaluation (ethics/research committees or external funding agency, etc.) within the last ten years.

The electronic reference to the publications must be provided. Only publications in which the MFCCTU is expressly mentioned will be taken into account. The publications must be indexed and peer-reviewed.

The MTU must establish the necessary mechanisms to ensure the residents' participation in research projects.

2 Implementation of the Official Programme of the Speciality

In order to ensure the acquisition of the competences indicated in the OPSs of the two specialities that make up the MFCCTU, the following criteria must be defined:

2.1 Training guide or itinerary

Tutors must draw up a Standard Training Itinerary Guide (STIG) in order to adapt the provisions indicated in the OPS to the reality of their MTU, so as to ensure the compliance of each speciality's programme, in accordance with the guidelines and models established by the Teaching Commission for this purpose. The STIG shall include at least:

- General objectives for training: cross-cutting and specific competences.
- Total duration of the training and timetable.
- Specific objectives and professional competences to be acquired by the resident per training placement/rotation and year of residency.
- Minimum activity to be carried out by each Resident for each technique or procedure.
- Continuous care, including on-call duty for the speciality.
- Type and number of clinical and/or bibliographic sessions in which the resident shall participate.
- Research activities specific to the MTU in which the resident shall participate.

2.2 Scheduling the Resident's assessment

The assessment of a Resident's learning is a key point in the OPS of his or her speciality, as it makes it possible to verify whether the resident has achieved the competences set out therein. With a favourable report from the Teaching Committee, the tutors must define the guidelines and directives for the implementation of:

2.2.1 The residents' formative assessment, in such a way as to ensure that they are monitored objectively, in accordance with the acquisition of competences during the training process. At a minimum, this assessment will include the formative assessment reports, as a means of continuous monitoring of the resident's learning process and the detection of areas for improvement in the development of his/her competences, using the following tools:

- Regular interviews between the tutor and the resident, held at least every three months. These interviews shall be recorded in the Resident's Book or Portfolio.
- Evidence from the use of assessment tools established in the training programme of the corresponding speciality.
- The Resident's Book or Portfolio, as a record of all activities that demonstrate their learning process, including internal and external rotations, and interviews with their tutors.

2.2.2 The annual (summative) and final assessment of the residents at the end of each year that makes up the OPS on the basis of the tutor's annual assessment report, which must be standardised, following the instructions for preparing the tutor's annual assessment report, which are set forth in Annex I of the resolution of 21 March 2018, of the Directorate General for Professional Organisation, approving the basic guidelines that the documents accrediting the assessments of the specialists in training must contain and in the Resolution dated 3 July 2018, of the Directorate General for Professional Organisation, amending the errors in the Resolution of 21 March 2018, approving the basic guidelines to be set forth in the documents accrediting the assessments of specialists in training.

2.2.3 The schedule of assessments established in accordance with the OPS and its assessment tools. This content should be incorporated into the STIG

2.3 Protocol for supervising residents

Guidelines must be defined to ensure that residents progressively assume responsibilities and undergo decreasing levels of supervision as they make progress in the acquisition of the competences set forth in the OPS. Said protocol should be defined taking into consideration:

- Overall levels of supervision, which must be established by the Teaching Committee and be the same for all specialities in the school.
- The level of supervision of particularly significant health care activities in which the Resident is involved.

This protocol must guarantee the supervision of the physical presence of the year 1 resident by the professionals on staff in the different facilities of the centre or unit where the resident is rotating or providing continuous care services. The Unit must also:

- Define a protocol for progressive responsibility in the emergency department in all cases.
- Identify particularly significant areas for which specific monitoring guidelines should be established.

3 Teaching facilities. Specific requirements

Teaching facilities may be owned by a different entity from that of the accredited school or teaching unit and said facility must comply with the following aspects:

1. The facility must have a signed agreement or collaboration agreement for the SHCT with the entities that own the accredited centre or teaching unit, indicating the teaching objectives of the agreement and the duration of the training placement, as well as its period of validity.
2. The facility must fulfil the accreditation requirements corresponding to the field of training in which it participates.
3. Compliance with the accreditation requirements cannot be demonstrated through multiple facilities (e.g. the number of successive follow-up visits or consultations per year cannot be achieved by adding the activity of different facilities that do not form part of the resources of the MFCCTU).

There are three types of training facilities in Family and Community Care:

- PHC facilities: urban and rural health care centres.
- Hospital facilities.
- Other teaching facilities, necessary to comply with the OPS, such as out-of-hospital emergency and urgency facilities, socio-health coordination unit, public health facilities, medical units for disability assessment, mental health care centres/units, palliative care units and others.

If the MFCCTU is made up of several PHC facilities or several hospital facilities, the relationship between these facilities must be indicated in the application in order to ensure the compliance of the training programme and as a criterion of transparency, so that the specialist in training is aware of his or her training pathway. In the event that the MFCCTU also includes other associated teaching facilities, the relationship with the rest of the teaching units must also be indicated.

3.1 Requirements for primary health care facilities

In order to be accredited and to maintain their teaching accreditation, these facilities must meet the guidelines concerning organisation of health care, human resources, physical and material resources, health care activity and efficiency and quality.

3.1.1 Organisation of health care

They must have:

- Been in operation for at least two years. The minimum operating time may be reduced in the case that a health care facility is split, provided that they can demonstrate that they meet the other requirements.
- A Director/Head of Basic Health Area/Centre Coordinator.
- Protocols, action guides and clinical practice guidelines adapted and applied by the multidisciplinary team, regularly updated, reviewed and approved by the entity that owns the teaching facility.
- Internal organisation and operation manual, which includes, at a minimum:
  - An organisational chart with hierarchical lines and the description of roles and responsibilities of each member of the organisation chart.
  - Liaison with other health care units or multi-professional teams (Internal Medicine, Paediatrics, Emergency Services) that guarantee continuity of care, or other specific units.
  - Planning of the unit's activities (assistance, 24-hour on-call care, teaching, research and continuing education).
  - Portfolio of services, according to Annex II of Spanish Royal Decree 1030/2006, of 15 September, which establishes the portfolio of common services of the Spanish National Health System (SNS) and the procedures to update said portfolio.
- Quality assurance and improvement programme.

3.1.2 Human resources

In order to be accredited and maintain their teaching accreditation in the two specialities that are taught at the MFCCTU, the centres must have at least the following qualifications:

- Four specialists in FCM.
- Two FCN specialists.
- Four general care nurses.
- The MTU must indicate the number of other professionals in the MTU: medical staff specialising in paediatrics and its specific areas, midwives, paediatric nurses, dentists, physiotherapists, social workers, etc.
- A quantitative correlation must be established between the number of staff members and the maximum number of residents: the minimum number of specialists in a health care centre cannot be less than the number of residents being trained there. In exceptional and duly justified cases, in smaller health care centres with fewer than four specialists in FCM and two specialists in FCN, a two-year teaching capacity may be considered.

In general, the definition of the professionals who should make up the Teaching Unit and their number should take into account the guidelines established in the documents setting forth the Spanish NHS standards and recommendations or other standards established by scientific societies and national and international organisations. The professionals' working hours can be either full or part-time. In the case of part-time work, the number of professionals must be increased proportionally.

3.1.3 Physical area and material resources

- The MFCCTU must describe its population coverage. The Unit must indicate the total population assigned to the health care centre, by FCM quota and by FCN quota.
- The Unit must have the appropriate equipment for the development of the MFCCTU specialities and, in any case, the Unit must indicate:
  - Total number of consultations:
    - Number of family medicine consultations and, if available, indicate whether an independent consultation is available for FCM and FCN residents.
    - Number of Family Nursing consultations.
  - Whether the Unit has an emergency room, treatment room and/or minor surgery area.
  - The availability of the following equipment (the lack of availability is not a criterion for exclusion): electrocardiograph, crash cart, spirometer, oxygen therapy equipment, aerosol therapy equipment, coagulometer, material necessary for minor surgery, pulse oximeter, foetal Doppler, vascular Doppler, ultrasound scanner.
  - Access to the classroom/room for health education sessions, meetings, clinical sessions, etc.
  - Availability of access to audiovisual media.
  - Whether medical records are computerised and whether the Unit has a differentiated register of the nursing process and health promotion and prevention activities.

3.1.4 Care activity

In terms of health care activity, the following minimum activity must be in place:

- In the case of consultation activity, the Unit must indicate the minimum number of first consultations and the minimum number of subsequent consultations and the corresponding DRGs, if defined.
- Health care activity referred to the health care centre:
  - Minimum number of consultations in ordinary hours: minimum of 20 in FCM and minimum of 10 in FCN[1].
  - Overall frequency: maximum of 8 consultations per inhabitant per year in FCM and maximum of 5 consultations per inhabitant per year in FCN[2].
  - Average number of emergencies attended daily at the health care centre: Minimum of 2.
- Indicate the number and type of group activities and community activities per year.

1. Average consultations per day and per professional. This is the average number of consultations per professional (all active professionals) per day. Formula: a) / b) / c) where a) is the Total number of ordinary consultations attended to; b) is based on 247 working days and c) is the Number of professionals (actual care positions –places– with assigned population quota).
2. Average number of ordinary consultations per inhabitant (assigned population) and year. Formula: a) / b) where a) is the Total number of consultations attended to and b) is the Assigned population.

There must be evidence that the activity guidelines have been met in the two years prior to submitting the application.

3.1.5 Teaching activity

A programme of joint and speciality-specific clinical sessions must be in place (provide the previous year's schedule): minimum of 25 sessions per speciality and 10 sessions per joint speciality (FCM and FCN) in health care centres and research activity.

3.1.6 Efficiency and quality indicators

The Unit must define the following indicators of efficiency and scientific and technical quality (for the last two years):

Indicate frequency:

- Per assigned person/year.
- Percentage of different persons attended to in a year by medical personnel specialising in FCM.
- Percentage of distinct persons attended to in a year by FCN nurses.

Resolution capacity of the health care centre:

- Percentage of consultations resolved (without referral) at the health care centre out of the total number of consultations made: greater than 80%.

Quality indicators for pharmaceutical prescriptions:

- Programme/action for the rational use of medicine: Yes/No.
- Adhesion to the National Antibiotic Resistance Plan.

Health outcome indicators:

- Percentage of diabetics with HbA1c <7%.
- Percentage of high blood pressure patients with blood pressure < 140/90.

Quality assurance activities:

- Number of complaints per professional in the last two years.
- 100% of complaints and suggestions received regarding the Unit operations are answered in less than twenty days.

3.2 Requirements for hospital facilities

In order to be accredited and to maintain their teaching accreditation, these facilities must meet the following criteria: organisation of health care, human resources, physical and material resources, health care activity, teaching activity, and activity.

3.2.1 Organisation of health care

The Units must:

- Have been in operation for at least two years.
- Have a director/manager.
- Have a schedule of the centre's care, teaching and research activities.
- Have protocols, action guides and clinical practice guidelines adapted and applied by the teams which are regularly updated, reviewed and approved by the entity in charge.
- Have an internal organisational and operational manual.
- Have a population coverage report.
- Have a quality assurance and improvement programme.
- The initial teaching capacity of a hospital facility may be 4 to 8 residents/year for each of the FCM specialities in the MTU, according to the level of compliance with the following minimum quantitative activity criteria:
  - Total number of admissions (hospital): minimum of 8 admissions/day.
  - Hospital emergencies: minimum of 70 emergencies/day.
- No minimum number of childbirth deliveries shall be required; this training may be carried out by simulation.

3.2.2 Human resources

The Unit must indicate the number of professionals/specialists in each area/department in which the MFCCTU residents will receive training.

3.2.3 Physical area and material resources

Indicate the access to each of the areas/departments in which residents carry out their training placements:

- Teaching rooms and suitable space for residents.
- Number of beds: minimum 80 beds.
- Day hospital: Yes/No.
- Number of outpatient consultations.
- Number of weekly sessions/operating room.

3.2.4 Health care activity

Indicate the figures from the last two years regarding the following areas/departments: Internal Medicine and Medical Specialities, Paediatrics, Obstetrics and Gynaecology, Mental Health and Emergency Medicine:

- Total number of hospital admissions/day (minimum 8 admissions/day) and by speciality.
- Indicate the 10 most frequent Diagnosis Related Groups (DRGs) for each speciality.
- Minor surgical procedures by speciality.

- Outpatient consultations by speciality:
  - First consultations.
  - Subsequent consultations or reviews.
  - Number of consultation sessions/week.
- Emergencies:
  - Indicate total number of emergencies/day in the centre (minimum 70 emergencies/day).
  - Specify the number of emergencies attended in the following areas:
    - Medical emergencies: indicate number/day.
    - Surgical emergencies: indicate number/day.
    - Trauma emergencies: indicate number/day.
    - Paediatric emergencies: indicate number/day.
- Indicate the available standardised nursing care plans and care plans for the 10 most frequent processes, according to DRGs.
- Indicate whether the centre has a home hospitalisation unit.
- Indicate whether the centre has a case manager or liaison nurse and the 10 most frequent processes of care, according to DRGs.
- Indicate whether the centre has the following units and the number of patients in the last two years:
  - Diabetes unit.
  - Chronic patient unit.
  - Menopause Unit.
  - Gynaecological cancer prevention unit.
  - Palliative care unit.

3.2.5 Teaching activity

There should be clinical sessions and other teaching activities in which MFCCTU residents can participate.

3.2.6 Activity indicators

- Median length of stay in a hospital facility.
- Median length of stay for the most frequent DRGs.
- Hospital occupancy rate.
- Percentage of readmissions in less than 30 days.
- Hospital infection rate.
- Complaints and grievances received in the areas or departments where the resident carries out their rotations, percentage in the last two years.

3.3 Requirements for other teaching facilities

- Palliative care unit.
- Social health care centres or services.
- Home hospitalisation unit.
- Ongoing Care Points.
- Out-of-hospital emergency facilities.
- Emergency medical transport service.
- Mental health care centre/unit/team, including child and youth care.
- Disability Assessment Medical Units.
- Public Health Care Facilities.
- Health Management Units.
- Other.

For each of these facilities, the following information must be provided:

- Duration and teaching objectives of the training placement in the facility.
- Teaching capacity of the facility, indicated in number of residents per shift per year.
- Report of the facility that includes:
  - Physical area: adequate space for residents in the specialities of FCM and FCN.
  - Human resources: specialists in Health Sciences.
  - Material resources.
  - Activity as recorded in the facility's information system for the last two years.

At the request of the Accreditation Unit of the Ministry of Health, advised by the National Speciality Commissions, new accreditation guidelines may be required regarding paragraph 3 which may be considered more up to date than those described herein, in order to promote better training for specialists in training.

4 Commitments to teaching

The entity that is the legal owner of the MFCCTU must comply with the following commitments:

- Ensuring continued compliance with the accreditation guidelines in accordance with current legislation, as the criteria will be regularly reviewed.
- Communicating any unforeseen circumstances that may lead to changes in teaching capacity.
- Accepting that the status of the MFCCTU may be regularly assessed by scheduling teaching audits.
- Establishing an adaptation of the STIG (individual training plan) for residents, ensuring that residents acquire the competences set forth in the OPS in the MFCCTU.
- Ensuring the veracity of the information submitted, because if any discrepancy is discovered it will invalidate the application and the application will not be eligible for resubmission for a period of five years.

- To guarantee these commitments, a written statement will be required from the head of the SHCT of the autonomous community in which the MTU is located, the school manager and the head of studies.

5 Definition of the requirements to increase the maximum teaching capacity

The teaching capacity of an MFCCTU will be the sum of the teaching capacity of each group of PHC and hospital facilities linked together to fulfil the competency objectives of the OPS of the FCM and FCN specialities.

The increase of the accredited teaching capacity of the MFCCTU may be produced upon request, by:

- Incorporating new teaching facilities that meet the corresponding requirements.
- Increasing the teaching capacity of an accredited facility in accordance with the following criteria.

An increase in the teaching capacity of a facility accredited within the last four years may only be requested after the completion of the first cohort of residents of the two specialities trained in the facility or after an evaluation or audit of the teaching capacity by the competent body. Subsequent requests to increase the capacity or to renew the accreditations shall not need to respect this established time limit.

5.1 Primary Care facilities

Once the requirements established in sections 1.3, 1.4, and 3.1 have been met, the initial teaching capacity accredited for a PHC facility will be two residents/year for each speciality of the MFCCTU.

In order to increase the initial teaching capacity in one of the specialities, there must be twice the number of specialists in that speciality as established in section 3.1.2, and at least 75% more of the activity criteria established in section 3.1.4 and 1.4 for each resident/year or 100% more in the case that the Unit intends to increase the teaching capacity of both specialities that make up the MTU.

5.2 Hospital facilities

Once the requirements defined in section 3.2 have been met, the initial teaching capacity of a hospital facility may be from 4 to 8 residents/year for each speciality of the MFCCTU in accordance with the degree of compliance with the minimum quantitative criteria of activity specified above.

In hospitals accredited as Teaching Centres which have their own Teaching Commission, in order to calculate the teaching capacity for the FCM and FCN specialities, the accredited teaching capacity in the Health Sciences different specialities will be taken into account.

Once the initial teaching capacity has been established, the teaching capacity of a hospital facility may be increased according to the number of beds, emergencies/day, admissions/day in the

health care services and units where the training placements for FCM and FCN Residents are carried out. For this purpose, the teaching capacity that results from the increase shall be proportionate to the activities mentioned above.

A minimum period of two years must have elapsed since the last revision of the accredited teaching capacity in order to be able to request an increase in capacity.