

### Fitness to practise

This is about professionalism and the actions expected to protect people from harm. This includes the awareness of when an individual's performance, conduct or health, or that of others, might put patients, themselves or their colleagues at risk.

Generic Professional Capabilities: Professional Values  
MRCGP assessments: WPBA (CbD, CAT, QIP, Leadership, PSQ, MSF, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Fails to respect the requirements of organisations e.g. Meeting deadlines, producing documentation, observing contractual obligations</p> <p>Has repeated unexplained or unplanned absence from professional commitments</p> <p>Prioritises their own interests above those of patients</p> <p>Fails to cope appropriately with pressure e.g. dealing with stress or managing time</p> <p>Is the subject of multiple complaints</p>	<p>Complies with statutory professional responsibilities</p> <p>Fulfils contractual requirements of professional practice and training</p> <p>Monitors performance and demonstrates insight into personal needs</p> <p>Demonstrates awareness of the needs of colleagues</p> <p>Follows appropriate processes to monitor professional practice</p>	<p>Understands the GMC document, "Duties of a Doctor"</p> <p>Awareness that physical or mental illness, or personal habits, might interfere with the competent delivery of patient care.</p> <p>Identifies and notifies an appropriate person when their own or a colleague's performance, conduct or health might be putting others at risk.</p> <p>Responds to complaints or performance issues appropriately.</p>	<p>Demonstrates the accepted codes of practice in order to promote patient safety and effective team-working.</p> <p>Achieves a balance between their professional and personal demands that meets their work commitments and maintains their health.</p> <p>Takes effective steps to address any personal health issue or habit that is impacting on their performance as a doctor.</p> <p>Demonstrates insight into any personal health issues.</p> <p>Reacts promptly, discreetly and impartially when there are concerns about self or colleagues.</p> <p>Takes advice from appropriate people and, if necessary, engages in a referral procedure.</p> <p>Uses mechanisms to reflect on and learn from complaints or performance issues in order to improve patient care.</p>	<p>Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change.</p> <p>Anticipates situations that might damage their work-life balance and seeks to minimise any adverse effects on themselves or their patients.</p> <p>Takes a proactive approach to promote personal health.</p> <p>Encourages an organisational culture in which the health of its members is valued and supported.</p> <p>Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern.</p> <p>Actively seeks to anticipate and rectify where systems and practice may require improvement in order to improve patient care.</p>

### Maintaining an ethical approach

This is about practising ethically with integrity and a respect for equality and diversity.

**Generic Professional Capabilities:** Professional Values

**MRCGP assessments:** CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, Leadership, PSQ, MSF, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Does not consider ethical principles, such as good vs harm, and use this to make balanced decisions</p> <p>Fails to show willingness to reflect on own attitudes</p>	<p>Awareness of the professional codes of practice as described in the GMC document “Good Medical Practice</p> <p>Complies with public sector duty to uphold the principles of equality, diversity, and inclusion</p> <p>Recognises that people are different and does not discriminate against them because of those differences.</p> <p>Understands that “Good Medical Practice requires reference to ethical practice</p>	<p>Actively applies principles of Good Medical Practice to their work</p> <p>Understands the need to treat everyone with respect for their beliefs, preferences, dignity and rights.</p> <p>Understands the ethical principles of professional practice</p> <p>Seeks to understand the patient's viewpoint and their cultural background</p>	<p>Demonstrates the application of “Good Medical Practice” in their own clinical practice.</p> <p>Reflects on how their values, attitudes and ethics might influence professional behaviour.</p> <p>Demonstrates equality, fairness and respect in their day-to-day practice.</p> <p>Values and appreciates different cultures and personal attributes, both in patients and colleagues.</p> <p>Reflects on and discusses moral dilemmas encountered in the course of their work.</p>	<p>Anticipates the potential for conflicts of interest and takes appropriate action to avoid these.</p> <p>Anticipates situations where indirect discrimination might occur.</p> <p>Awareness of current legislation as it applies to clinical work and practice management.</p> <p>Actively supports diversity and harnesses differences between people for the benefit of the organisation and patients alike.</p> <p>Able to analyse ethical issues with reference to specific ethical theory.</p>

### Communication and consultation skills

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consultations and the use of interpreters.

#### Generic Professional Capabilities: Professional Skills

**MRCGP assessments:** CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, Leadership, PSQ, MSF, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
Does not establish rapport with the patient Makes inappropriate assumptions about the patient's agenda Misses / ignores significant cues Does not give space and time to the patient when this is needed Has a blinkered approach and is unable to adapt the consultation despite cues or new information Is unable to consult within time scales that are appropriate to the stage of training Uses stock phrases/ inappropriate medical jargon rather than tailoring the language to the patients needs and context The approach is inappropriately doctor-centred	Develops a relationship with the patient, which works, but is focussed on the problem rather than the patient.  Uses a rigid or formulaic approach to achieve the main tasks of the consultation.  The use of language is technically correct but not well adapted to the needs and characteristics of the patient.  Provides explanations that are medically correct but doctor-centred.  Communicates management plans but without negotiating with, or involving, the patient.  Consults to an acceptable standard but lacks focus and requires longer consulting times.	Adopts a personalised approach to care  Understands the need for effective consulting and developing an awareness of the wide range of consultation models that might be used.  Communicates in a way that seeks to establish mutual understanding  Can describe and explain a clear and appropriate management plan to the patient  Understands the benefits of a constructive and flexible approach to consulting  Takes steps to address barriers to communication  Aware of when there is a language barrier and can access interpreters either in person or by telephone.	Explores and responds to the patient's agenda, health beliefs and preferences.  Utilises the most appropriate mode of communication in the context of pandemic restrictions, shielding and social distancing – e.g. remote consulting via video or phone.  Elicits psychological and social information to place the patient's problem in context.  Achieves the tasks of the consultation, responding to the preferences of the patient in an efficient manner.  The use of language is fluent and takes into consideration the needs and characteristics of the patient, for instance when talking to children or patients with learning disabilities.  Uses the patient's understanding to help improve the explanation offered.  Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.  Consults in an organised and structured way, achieving the main tasks of the consultation in a timely manner.	Incorporates the patient's perspective and context when negotiating the management plan.  Appropriately uses advanced consultation skills, such as confrontation or catharsis, to achieve better patient outcomes.  Employs a full range of fluent communication skills, both verbal and non-verbal, including active listening skills.  Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient.  Whenever possible, adopts plans that respect the patient's autonomy.  When there is a difference of opinion the patient's autonomy is respected and a positive relationship is maintained.  Consults effectively in a focussed manner moving beyond the essential to take a holistic view of the patient's needs within the time-frame of a normal consultation.

Progress descriptors – WPBA 15.7.21

			Manages consultations effectively with patients who have different languages, cultures, beliefs and educational backgrounds.	Uses a variety of communication and consultation techniques that demonstrates respect for, and values, diversity.
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### Data gathering and interpretation

This is about the gathering, interpretation, and use of data for clinical judgement, including information gathered from the history, clinical records, examination and investigations

**Generic Professional Capabilities:** Professional Skills  
**MRCGP assessments:** AKT, CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Has an approach which is disorganised, chaotic, inflexible or inefficient</p> <p>Does not use significant data as a prompt to gather further information</p> <p>Does not look for red flags appropriately</p> <p>Fails to identify normality</p> <p>Examination technique is poor</p> <p>Fails to identify significant physical or psychological signs</p>	<p>Accumulates information in a formulaic way covering more than is required for the patient problem</p> <p>Is aware of information in the patients notes that may be relevant</p> <p>Employs examinations and investigations but not specifically focused to the patient's problem</p> <p>Identifies abnormal findings and results.</p>	<p>Accumulates information from the patient that is mainly relevant to their problem.</p> <p>Uses existing information in the patient records.</p> <p>Employs examinations and investigations that are broadly in line with the patient's problems.</p> <p>Has appropriate level of knowledge of clinical norms, measurements and investigations and is aware of how these relate to the patient's conditions</p> <p>Demonstrates a limited range of data gathering styles and methods.</p>	<p>Systematically gathers information, using questions appropriately targeted to the problem without affecting patient safety.</p> <p>Understands the importance of, and makes appropriate use of, existing information about the problem and the patient's context.</p> <p>Chooses examinations and targets investigations appropriately and efficiently.</p> <p>Understands the significance and implications of findings and results and takes appropriate action.</p> <p>Demonstrates different styles of data gathering and adapts these to a wide range of patients and situations</p>	<p>Expertly identifies the nature and scope of enquiry needed to investigate the problem, or multiple problems, within a short time-frame.</p> <p>Prioritises problems in a way that enhances patient satisfaction.</p> <p>Uses a stepwise approach, basing further enquiries, examinations and tests on what is already known and what is later discovered.</p> <p>Able to gather information in a wide range of circumstances and across all patient groups (including their family and representatives) in a sensitive, empathic and ethical manner</p>

### Clinical Examination and Procedural Skills

This is about clinical examination and procedural skills. By the end of training, the trainee must have demonstrated competence in general and systemic examinations of all of the clinical curriculum areas, this includes the 5 mandatory examinations and a range of skills relevant to General Practice.

**Generic Professional Capabilities: Professional Skills**  
**MRCGP assessments: CSA, WPBA (CEPS, COT, QIP, CSR)**

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Patient shows no understanding as to the purpose of the examination</p> <p>Fails to examine when the history suggests conditions that might be confirmed or excluded by examination</p> <p>Inappropriate over-examination</p> <p>Fails to obtain informed consent for the procedure</p> <p>Patient appears unnecessarily upset by the examination</p>	<p>Chooses examination with a clinically justifiable reason in line with the patient's problem(s).</p> <p>Examination is carried out sensitively and without causing the patient harm</p> <p>Elicits relevant clinical signs</p> <p>Shows awareness of personal limitations and boundaries in clinical examination</p> <p>Observes the professional codes of practice including the use of chaperones.</p> <p>Arranges the place of examination to give the patient privacy and respect their dignity</p> <p>Demonstrates understanding of issues of consent</p>	<p>Undertakes examination when appropriate and demonstrates all the basic examination skills needed as a GP</p> <p>Identifies abnormal signs</p> <p>Suggests appropriate procedures related to the patient's problem(s).</p> <p>Performs procedures and examinations with the patient's consent with a more focused approach.</p>	<p>Chooses examinations appropriately targeted to the patient's problem(s).</p> <p>Has a systematic approach to clinical examination and able to interpret physical signs accurately to reach the correct diagnosis or possible diagnosis</p> <p>Varies procedures options according to circumstances and the preferences of the patient.</p> <p>Identifies and reflects on ethical issues with regard to examination and procedural skills.</p> <p>Recognises and acknowledges the patient's concerns before and during the examination and puts them at ease</p> <p>Shows awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient.</p>	<p>Proficiently identifies and performs the scope of examination necessary to investigate the patient's problem(s).</p> <p>Uses a step-wise approach to examination, basing further examinations on what is known already and is later discovered.</p> <p>Demonstrates a wide range of procedural skills to a high standard.</p> <p>Engages with quality improvement initiatives with regard to examination and procedural skills.</p> <p>Recognises the verbal and non-verbal clues that the patient is not comfortable with an intrusion into their personal space, especially the prospect or conduct of intimate examinations</p> <p>Is able to help the patient accept and feel safe during the examination</p> <p>Helps to develop systems that reduce risk in clinical examination and procedural skills.</p>

### Making a diagnosis / decisions

This is about a conscious, structured approach to making diagnoses and decision-making.

#### Generic Professional Capabilities: Professional Skills

**MRCGP assessments:** AKT, CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, Leadership, Prescribing, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Is indecisive, illogical or incorrect in decision-making</p> <p>Fails to consider serious possibilities</p> <p>Is dogmatic / closed to other ideas</p> <p>Too frequently has late or missed diagnoses</p>	<p>Demonstrates an appropriate level of clinical knowledge and skills for formulating a diagnosis giving a very broad range</p> <p>Identifies possible alternative diagnoses but does not filter based on probability</p> <p>Makes decisions by applying rules, plans or protocols.</p> <p>Aware of personal limitations in knowledge and experience</p>	<p>Generates an adequate differential diagnosis based on the information available.</p> <p>Generates and tests appropriate hypotheses.</p> <p>Justifies chosen options with evidence</p> <p>Is starting to develop independent skills in decision-making and uses the support of others to confirm that these are correct.</p>	<p>Makes diagnoses in a structured way using a problem-solving method.</p> <p>Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.</p> <p>Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis.</p> <p>Revises hypotheses in the light of additional information.</p> <p>Thinks flexibly around problems generating functional solutions.</p> <p>Has confidence in, and takes ownership of, own decisions whilst being aware of their own limitations.</p> <p>Keeps an open mind and is able to adjust and revise decisions in the light of relevant new information.</p>	<p>Uses pattern recognition to identify diagnoses quickly, safely and reliably.</p> <p>Remains aware of the limitations of pattern recognition and when to revert to an analytical approach.</p> <p>No longer relies on rules or protocols but is able to use and justify discretionary judgement in situations of uncertainty or complexity, for example in patients with multiple problems.</p> <p>Continues to reflect appropriately on difficult decisions. Develops mechanisms to be comfortable with these choices</p>

### Clinical management

This is about the recognition and management of patients' problems.

**Generic Professional Capabilities:** Professional Knowledge; Professional Skills  
**MRCGP assessments:** AKT, CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, Leadership, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Asks for help inappropriately: either too much or too little</p> <p>Does not think ahead, safety-net appropriately or follow through adequately</p>	<p>Uses appropriate but limited management options without taking into account the preferences of the patient.</p> <p>Suggests appropriate interventions, although with a tendency to overinvestigate.</p> <p>Arranges definite appointments for follow up for patients but likely to routinely follow up rather than basing on patient need</p> <p>Demonstrates an appropriate level of safe prescribing</p> <p>Refers safely, acting within the limits of their competence but may over refer.</p> <p>Recognises and responds safely to medical emergencies and acutely unwell patients</p>	<p>Demonstrates use of safe management plans</p> <p>Understands good practice in the use of referral</p> <p>Demonstrate readiness to work in an urgent care environment.</p> <p>Recognises that acute management is only part of the wider care of individual patients</p> <p>Ensures that continuity of care can be provided for the patient's problem, e.g. through adequate record keeping.</p> <p>Makes safe prescribing decisions, routinely checking on drug interactions and side effects.</p>	<p>Varies management options responsively according to the circumstances, priorities and preferences of those involved.</p> <p>Considers a “wait and see” approach where appropriate.</p> <p>Uses effective prioritisation of problems when the patient presents with multiple issues.</p> <p>Suggests a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy.</p> <p>In addition to prescribing safely is aware of and applies local and national guidelines including drug and non-drug therapies.</p> <p>Maintains awareness of the legal framework for appropriate prescribing.</p> <p>Refers appropriately, taking into account all available resources.</p> <p>Responds rapidly and skilfully to emergencies, with appropriate follow- up for the patient and their family. Ensures that care is co-ordinated both within the practice team and with other services.</p>	<p>Provides patient-centred management plans whilst taking account of local and national guidelines in a timely manner.</p> <p>Empowers the patient with confidence to manage problems independently together with knowledge of when to seek further help.</p> <p>Able to challenge unrealistic patient expectations and consulting patterns with regard to follow up of current and future problems.</p> <p>Regularly reviews all of the patient's medication in terms of evidence- based prescribing, cost-effectiveness and patient understanding.</p> <p>Has confidence in stopping or stepping down medication where this is appropriate.</p> <p>Identifies areas for improvement in referral processes and pathways and contributes to quality improvement.</p> <p>Contributes to reflection on emergencies as significant events and how these can be used to improve patient care in the future.</p> <p>Takes active steps within the organisation to improve continuity of care for the patients.</p>

Progress descriptors - WPBA 15.7.21

			Provides comprehensive continuity of care, taking into account all of the patient's problems and their social situation.	
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### Managing medical complexity

This is about aspects of care beyond the acute problem, including the management of co-morbidity, uncertainty, risk and health promotion.

#### Generic Professional Capabilities: Professional Skills

**MRCGP assessments:** CSA, WPBA (CbD, CAT, COT, miniCEX, PSQ, QIP, Leadership, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Inappropriately burdens the patient with uncertainty</p> <p>Finds it difficult to suggest ways forward in unfamiliar circumstances</p> <p>Often gives up in complex or uncertain situations</p> <p>Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement</p>	<p>Although identifies and recognises multi- morbidity, tends to manage health problems separately, without necessarily considering the implications of co-existing conditions</p> <p>Identifies potential clinical risk</p> <p>Demonstrates awareness of evidence-based guidelines</p> <p>Includes lifestyle information in assessing healthcare needs of patients</p>	<p>Demonstrates awareness and readiness to engage in providing undifferentiated care.</p> <p>Identifies and tolerates uncertainties in the consultation.</p> <p>Attempts to prioritise management options based on an assessment of patient risk.</p> <p>Manages patients with multiple problems with reference to appropriate guidelines for the individual conditions.</p> <p>Considers the impact of the patients lifestyle on their health.</p>	<p>Simultaneously manages the patient's health problems, both acute and chronic.</p> <p>Is able to manage uncertainty including that experienced by the patient.</p> <p>Communicates risk effectively to patients and involves them in its management to the appropriate degree.</p> <p>Recognises the inevitable conflicts that arise when managing patients with multiple problems and takes steps to adjust care appropriately.</p> <p>Consistently encourages improvement and rehabilitation and, where appropriate, recovery.</p> <p>Encourages the patient to participate in appropriate health promotion and disease prevention strategies.</p>	<p>Accepts responsibility for coordinating the management of the patient's acute and chronic problems over time.</p> <p>Anticipates and employs a variety of strategies for managing uncertainty.</p> <p>Uses the patient's perception of risk to enhance the management plan.</p> <p>Comfortable moving beyond single condition guidelines and protocols in situations of multi-morbidity and polypharmacy, whilst maintaining the patient's trust</p> <p>Coordinates a team-based approach to health promotion in its widest sense.</p> <p>Maintains a positive attitude to the patient's health even when the situation is very challenging.</p>

### Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care and includes the sharing of information with colleagues.

**Generic Professional Capabilities: Leadership**  
**MRCGP assessments: WPBA (CbD, CAT, COT, miniCEX, Leadership, MSF, CSR)**

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Works in inappropriate isolation (beyond requirements of shielding and social distancing)</p> <p>Gives little support to team members</p> <p>Doesn't appreciate the value of the team</p> <p>Inappropriately leaves their work for others to pick up</p> <p>Feedback (formal or informal) from colleagues raises concerns</p>	<p>Shows basic awareness of working within a team rather than in isolation.</p> <p>Respects other team members and their contribution but has yet to grasp the advantages of harnessing the potential within the team.</p> <p>Is accessible and engages with other members of the team</p>	<p>Recognises individual roles, skills and responsibilities as part of a greater whole, in primary as well as secondary care</p> <p>Responds to the communications from other team members in a timely and constructive manner.</p> <p>Understands the importance of integrating themselves into the various teams in which they participate.</p>	<p>Is an effective team member, working flexibly with the various teams involved in day to day primary care.</p> <p>Understands the context within which different team members are working, e.g. Health Visitors and their role in safeguarding.</p> <p>Appreciates the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals.</p> <p>Communicates proactively with team members so that patient care is enhanced using an appropriate mode of communication for the circumstances.</p> <p>Contributes positively to their various teams and reflects on how the teams work and members interact.</p>	<p>Helps to coordinate a team-based approach to enhance patient care, with a positive and creative approach to team development.</p> <p>Shows awareness of the strengths and weaknesses of each team member and considers how this can be used to improve the effectiveness of a team.</p> <p>Encourages the contribution of others employing a range of skills including active listening. Assertive but doesn't insist on own views.</p> <p>Shows some understanding of how group dynamics work and the theoretical work underpinning this. Has demonstrated this in a practical way, for example in chairing a meeting.</p>

### Maintaining performance, learning and teaching

This is about maintaining the performance and effective continuing professional development (CPD) of oneself and others. The evidence for these activities should be shared in a timely manner within the appropriate electronic Portfolio.

#### Generic Professional Capabilities: Education MRCGP assessments: WPBA (CbD, CAT, PSQ, MSF, leadership, CSR)

**Insufficient evidence** - From the available evidence, the doctor’s performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Fails to engage with the portfolio e.g. entries are scant, reflection is poor, plans are made but not acted upon or the PDP is not used effectively</p> <p>Reacts with resistance to feedback that is perceived as critical</p> <p>Fails to make adequate educational progress</p>	<p>Demonstrates critical thinking</p> <p>Demonstrates clinical curiosity and reflective practice</p> <p>Engages in some study reacting to immediate clinical learning needs.</p> <p>Provides evidence of integrating learning into professional practice</p> <p>Participates in wider learning activities</p>	<p>Knows how to access the available evidence, including the medical literature, clinical performance standards and guidelines for patient care.</p> <p>Changes behaviour appropriately in response to the clinical governance activities of the practice, in particular to the agreed outcomes of the practice’s audits, quality improvement activities and learning event analyses.</p> <p>Recognises situations, e.g. through risk assessment, where patient safety could be compromised.</p> <p>Contributes to the education of others</p>	<p>Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making.</p> <p>Shows a commitment to professional development through reflection on performance and the identification of personal learning needs.</p> <p>Addresses learning needs and demonstrates the application of these in future practice.</p> <p>Personally participates in audits and quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance.</p> <p>Engages in learning event reviews, in a timely and effective manner, and learns from them as a team-based exercise.</p> <p>Identifies learning objectives and uses teaching methods appropriate to these</p> <p>Assists in making assessments of learners where appropriate</p>	<p>Uses professional judgement to decide when to initiate and develop protocols and when to challenge their use.</p> <p>Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions.</p> <p>Systematically evaluates performance against external standards.</p> <p>Demonstrates how elements of personal development impact upon career planning and the needs of the organisation.</p> <p>Encourages and facilitates participation and application of clinical governance activities, by involving the practice, the wider primary care team and other organisations.</p> <p>Evaluates learning outcomes of teaching, seeking feedback on performance and reflects on this</p> <p>Actively facilitates the development of others</p> <p>Ensures that students and junior colleagues are appropriately supervised</p>

### Organisation, management and leadership

This is about understanding how primary care is organised within the NHS, how teams are managed and the development of clinical leadership skills.

#### Generic Professional Capabilities: Leadership

**MRCGP assessments:** AKT, CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, Leadership, MSF, Prescribing, PSQ, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Consults with the computer rather than the patient</p> <p>Records show poor entries e.g. too short, too long, unfocused, failing to code properly or respond to prompts</p>	<p>Demonstrates proficiency in using clinical recording and IT systems</p> <p>Uses the patient record and on-line information during patient contacts, routinely recording each clinical contact in a timely manner following the record-keeping standards of the organisation.</p> <p>Recognises the need for personal organisational skills</p> <p>Demonstrates awareness of organisational changes</p> <p>Fulfils workforce responsibilities</p>	<p>Understands the structure of the UK healthcare system</p> <p>Demonstrates a basic understanding of the organisation of primary care and the use of clinical computer systems.</p> <p>Personal organisational and time-management skills are sufficient that patients and colleagues are not unreasonably inconvenienced or come to any harm.</p> <p>Responds positively to change in the organisation.</p> <p>Manages own workload responsibly.</p>	<p>Uses the primary care organisational systems routinely and appropriately in patient care for acute problems, chronic disease and health promotion. This includes the use of computerised information management and technology (IM&amp;T).</p> <p>Uses the computer during consultations whilst maintaining rapport with the patient to produce records that are succinct, comprehensive, appropriately coded and understandable.</p> <p>Is consistently well organised with due consideration for colleagues as well as patients. Demonstrates effective time management, hand-over skills, prioritisation, delegation.</p> <p>Helps to support change in the organisation. This may include making constructive suggestions.</p> <p>Responds positively when services are under pressure in a responsible and considered way.</p>	<p>Uses and modifies organisational and IM&amp;T systems to facilitate: Clinical care to individuals and communities, Clinical governance and practice administration</p> <p>Uses IM&amp;T systems to improve patient care in the consultation, in supportive care planning and communication across all the health care professionals involved with the patient.</p> <p>Manages own work effectively whilst maintaining awareness of other people's workload. Offers help sensitively but recognises own limitations.</p> <p>Actively facilitates change in the organisation. This will include the evaluation of the effectiveness of any changes implemented.</p> <p>Willing to take a lead role in helping the organisation to respond to exceptional demand.</p>

**Practising holistically, promoting health and safeguarding**

This is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions. The doctor is able to take into account patient’s feelings and opinions. The doctor encourages health improvement, self-management, preventative medicine and shared care planning with patients and their carers. The doctor has the skills and knowledge to consider and take appropriate safeguarding actions.

**Generic Professional Capabilities: Health Promotion; Safeguarding**  
**MRCGP assessments: CSA, WPBA (CbD, CAT, COT, QIP, PSQ, CSR)**

**Insufficient evidence** - From the available evidence, the doctor’s performance cannot be placed on a higher point of this developmental scale

Indicators of potential underperformance	End ST1 – Making progress at the expected rate	End ST2 - Making progress at the expected rate	End ST3 - Competent for licensing	End ST3 - Excellent
<p>Treats the disease, not the patient</p> <p>Does not recognise possible signs of adult and child abuse, harm and neglect or engage with safeguarding processes.</p>	<p>Recognises that health is more than the absence of disease</p> <p>Considers options beyond a biophysical model</p> <p>Demonstrates awareness of the potential in 'making every contact count'.</p> <p>Understands principles of adult and child safeguarding. Takes some appropriate action when concerns are identified.</p>	<p>Enquires into physical, psychological and social aspects of the patient’s problem.</p> <p>Recognises the impact of the problem on the patient’s life.</p> <p>Offers treatment and support for the physical, psychological and social aspects of the patient’s problem.</p> <p>Recognises the role of the GP in health promotion.</p> <p>Understands and demonstrates principles of adult and child safeguarding, recognising potential indicators of abuse, harm and neglect, taking some appropriate action.</p>	<p>Demonstrates understanding of the patient in relation to their socio-economic and cultural background. The doctor uses this understanding to inform discussion and to generate practical suggestions for the management of the patient.</p> <p>Recognises the impact of the problem on the patient, their family and/or carers.</p> <p>Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers.</p> <p>Demonstrated the skills and assertiveness to challenge unhelpful health beliefs or behaviours, while maintaining a continuing and productive relationship.</p> <p>Demonstrates appropriate responses to adult and child safeguarding concerns including ensuring information is shared/referrals made appropriately. Practises in a manner that seeks to reduce the risk of abuse, harm or neglect.</p>	<p>Accesses information about the patient’s psycho-social history in a fluent and non-judgemental manner that puts the patient at ease.</p> <p>Recognises and shows understanding of the limits of the doctor’s ability to intervene in the holistic care of the patient.</p> <p>Facilitates appropriate long-term support for patients, their families and carers that is realistic and avoids doctor dependence.</p> <p>Makes effective use of tools in health promotion, such as decision aids, to improve health understanding.</p> <p>Demonstrates skills and knowledge to contribute effectively to safeguarding processes including identifying risks and contributing to/formulating policy documents and communicating effective safeguarding plans for adults/children at risk of abuse, harm or neglect with wider inter-agencies.</p>

<b>Community orientation</b> This is about the management of the health and social care of the practice population and local community.				
<b>Generic Professional Capabilities:</b> Professional Knowledge; Health Promotion; Safeguarding <b>MRCGP assessments:</b> WPBA (CbD, CAT, PSQ, QIP, MSF, CSR)				
<b>Insufficient evidence</b> - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale				
<b>Indicators of potential underperformance</b>	<b>End ST1 – Making progress at the expected rate</b>	<b>End ST2 - Making progress at the expected rate</b>	<b>End ST3 - Competent for licensing</b>	<b>End ST3 - Excellent</b>
Fails to take responsibility for using resources in line with local and national guidance	Demonstrates readiness to understand and engage with the needs of the local population  Has knowledge of local services and care pathways  Adapts their clinical practice to the context of their locality	Demonstrates understanding of important characteristics of the local population, e.g. patient demography, ethnic minorities, socio-economic differences and disease prevalence, etc.  Understands that local resources may be limited in the community, e.g. the availability of certain drugs, counselling, physiotherapy or child support services.  Takes steps to understand local resources in the community – e.g. school nurses, pharmacists, funeral directors, district nurses, local hospices, care homes, social services including child protection, patient participation groups, etc.	Demonstrates understanding of how the characteristics of the local population shapes the provision of care in the setting in which the doctor is working.  Shows how this understanding has informed referral practices they have utilised for their patients. This could include formal referral to a service or directing patients to other local resources.  Demonstrates how they have adapted their own clinical practice to take into account the local resources, for example in referrals, cost-effective prescribing and following local protocols.  Demonstrates how local resources have been used to enhance patient care.	Takes an active part in helping to develop services in their workplace or locality that are relevant to the local population.  Understands the local processes that are used to shape service delivery and how they can influence them, e.g. through Health Boards and CCGs.  Reflects on the requirement to balance the needs of individual patients, the health needs of the local community and the available resources. Takes into account local and national protocols, e.g. SIGN or NICE guidelines.  Develops and improves local services including collaborating with private and voluntary sectors, e.g. taking part in patient participation groups, improving the communication between practices and care homes, etc.