

<b>Communication and consultation skills</b>			
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.			
<b>Insufficient evidence</b>	<b>Needs Further Development</b>	<b>Competent</b>	<b>Excellent</b>
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Develops a relationship with the patient, which works, but is focussed on the problem rather than the patient.	Explores and responds to the patient's agenda, health beliefs and preferences. Elicits psychological and social information to place the patient's problem in context.	Incorporates the patient's perspective and context when negotiating the management plan.
	Uses a rigid or formulaic approach to achieve the main tasks of the consultation.	Achieves the tasks of the consultation, responding to the preferences of the patient in an efficient manner	Appropriately uses advanced consultation skills, such as confrontation or catharsis, to achieve better patient outcomes.
	The use of language is technically correct but not well adapted to the needs and characteristics of the patient.	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.	Employs a full range of fluent communication skills, both verbal and non-verbal, including active listening skills.
	Provides explanations that are medically correct but doctor-centred.	Uses the patient's understanding to help improve the explanation offered.	Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient.
	Communicates management plans but without negotiating with, or involving, the patient.	Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.	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 to an acceptable standard but lacks focus and requires longer consulting times.	Consults in an organised and structured way, achieving the main tasks of the consultation in a timely manner.	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.
	Aware of when there is a language barrier and can access interpreters either in person or by telephone.	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.

### Practising holistically and promoting health

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

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Enquires into physical, psychological and social aspects of the patient's problem.	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.	Accesses information about the patient's psycho-social history in a fluent and non-judgemental manner that puts the patient at ease.
	Recognises the impact of the problem on the patient.	Recognises the impact of the problem on the patient, their family and/or carers.	Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient.
	Offers treatment and support for the physical, psychological and social aspects of the patient's problem.	Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers.	Facilitates appropriate long term support for patients, their families and carers that is realistic and avoids doctor dependence.
	Recognises the role of the GP in health promotion.	Demonstrates the skills and assertiveness to challenge unhelpful health beliefs or behaviours, whilst maintaining a continuing and productive relationship.	Makes effective use of tools in health promotion, such as decision aids, to improve health understanding.

Assessments where this competency can be evidenced: 1. COT 2. CBD 3. PSQ 4. CSR

## 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

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Shows basic awareness of working within a team rather than in isolation.	Is an effective team member, working flexibly with the various teams involved in day to day primary care.	Helps to coordinate a team-based approach to enhance patient care, with a positive and creative approach to team development.
	Understands the different roles, skills and responsibilities that each member brings to a primary health care team.	Understands the context within which different team members are working, e.g. Health Visitors and their role in safeguarding.	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.
	Respects other team members and their contribution but has yet to grasp the advantages of harnessing the potential within the team.	Appreciates the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals.	
	Responds to the communications from other team members in a timely and constructive manner.	Communicates proactively with team members so that patient care is enhanced using an appropriate mode of communication for the circumstances.	Encourages the contribution of others employing a range of skills including active listening. Assertive but doesn't insist on own views.
	Understands the importance of integrating themselves into the various teams in which they participate.	Contributes positively to their various teams and reflects on how the teams work and members interact.	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.

Assessments where this competency can be evidenced: 1. MSF 2. CBD 3. CSR

Can also be shown via NOE (Naturally Occuring Evidence) - through things like projects working with others

### 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.

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Accumulates information from the patient that is mainly relevant to their problem. Uses existing information in the patient records.	Systematically gathers information, using questions appropriately targeted to the problem without affecting patient safety. Understands the importance of, and makes appropriate use of, existing information about the problem and the patient's context.	Expertly identifies the nature and scope of enquiry needed to investigate the problem, or multiple problems, within a short time-frame. Prioritises problems in a way that enhances patient satisfaction.
	Employs examinations and investigations that are broadly in line with the patient's problems.	Chooses examinations and targets investigations appropriately and efficiently.	Uses a stepwise approach, basing further enquiries, examinations and tests on what is already known and what is later discovered.
	Identifies abnormal findings and results.	Understands the significance and implications of findings and results, and takes appropriate action.	
	Demonstrates a limited range of data gathering styles and methods.	Demonstrates different styles of data gathering and adapts these to a wide range of patients and situations.	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.

Assessments where this competency can be evidenced: 1. COT 2. CBD/CEX 3. MSF 4. CSR

## 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 breast examination and in the full range of male and female genital examinations.

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Chooses examination broadly in line with the patient's problem(s).	Chooses examinations appropriately targeted to the patient's problem(s).	Proficiently identifies and performs the scope of examination necessary to investigate the patient's problem(s).
	Identifies abnormal signs but fails to recognise their significance.	Has a systematic approach to clinical examination and able to interpret physical signs accurately.	Uses a step-wise approach to examination, basing further examinations on what is known already and is later discovered.
	Suggests appropriate procedures related to the patient's problem(s).	Varies options of procedures according to circumstances and the preferences of the patient.	Demonstrates a wide range of procedural skills to a high standard.
	Examination skills are incomplete or insufficient to identify abnormal findings sensitively.	Refers appropriately when a procedure is outside their level of competence.	Actively promotes safe practice with regard to examination and procedural skills.
	Observes the professional codes of practice including the use of chaperones.	Identifies and reflects on ethical issues with regard to examination and procedural skills.	Engages with quality improvement initiatives with regard to examination and procedural skills.
	Performs procedures and examinations with the patient's consent and with a clinically justifiable reason to do so.	Shows awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient.	Helps to develop systems that reduce risk in clinical examination and procedural skills.
	The intimate examination is conducted in a way that does not allow a full assessment by inspection or palpation. The doctor proceeds without due attention to the patient's perspective or feelings.	Ensures that the patient understands the purpose of an intimate examination, describes what will happen and explains the role of the chaperone. Arranges the place of examination to give the patient privacy and to respect their dignity. Inspection and palpation is appropriate and clinically effective.	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. Is able to help the patient to accept and feel safe during the examination.

Assessments where competency evident: 1. Direct Observation 2. COT 3. CBD/CEX 4. MSF 5. CSR

## Making a diagnosis / decisions

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

Insufficient evidence	Needs Further Development	Competent	Excellent
<p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale</p>	<p>Generates an adequate differential diagnosis based on the information available.</p>	<p>Makes diagnoses in a structured way using a problem-solving method.                      Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.                      Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis.                      Uses time as a diagnostic tool.</p>	<p>Uses pattern recognition to identify diagnoses quickly, safely and reliably.                      Remains aware of the limitations of pattern recognition and when to revert to an analytical approach.</p>
	<p>Generates and tests appropriate hypotheses.</p>	<p>Revises hypotheses in the light of additional information.</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>Makes decisions by applying rules, plans or protocols.</p>	<p>Thinks flexibly around problems generating functional solutions.</p>	
	<p>Asks for help appropriately but fails to progress to making independent decisions.</p>	<p>Has confidence in, and takes ownership of own decisions whilst being aware of their own limitations.                      Keeps an open mind and is able to adjust and revise decisions in the light of relevant new information.</p>	<p>Continues to reflect appropriately on difficult decisions. Develops mechanisms to be comfortable with these choices</p>

Assessments where this competency can be evidenced: 1. CSR 2. MSF 3. COT 4. CBD/CEX

Can also be shown via NOE - like decision making in projects

## Clinical management

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

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Uses appropriate but limited management options without taking into account the preferences of the patient.	Varies management options responsively according to the circumstances, priorities and preferences of those involved.	Provides patient-centred management plans whilst taking account of local and national guidelines in a timely manner.
	Suggests intervention in all cases.	Considers a "wait and see" approach where appropriate. Uses effective prioritisation of problems when the patient presents with multiple issues.	Empowers the patient with confidence to manage problems independently together with knowledge of when to seek further help.
	Arranges definite appointments for follow up regardless of need or the nature of the problem.	Suggests a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy.	Able to challenge unrealistic patient expectations and consulting patterns with regard to follow up of current and future problems.
	Makes safe prescribing decisions, routinely checking on drug interactions and side effects.	In addition to prescribing safely is aware of and applies local and national guidelines including drug and non-drug therapies. Maintains awareness of the legal framework for appropriate prescribing.	Regularly reviews all of the patient's medication in terms of evidence-based prescribing, cost-effectiveness and patient understanding. Has confidence in stopping or stepping down medication where this is appropriate.
	Refers safely, acting within the limits of their competence.	Refers appropriately, taking into account all available resources.	Identifies areas for improvement in referral processes and pathways and contributes to quality improvement.
	Recognises medical emergencies and responds to them safely.	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.	Contributes to reflection on emergencies as significant events and how these can be used to improve patient care in the future.
	Ensures that continuity of care can be provided for the patient's problem, e.g. through adequate record keeping.	Provides comprehensive continuity of care, taking into account all of the patient's problems and their social situation.	Takes active steps within the organisation to improve continuity of care for the patients.

Assessments where this competency can be evidenced: 1. COT 2. MSF 3. CSR 4. CBD/CEX

### Managing medical complexity

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

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Manages health problems separately, without necessarily considering the implications of co-morbidity.	Simultaneously manages the patient's health problems, both acute and chronic.	Accepts responsibility for coordinating the management of the patient's acute and chronic problems over time.
	Identifies and tolerates uncertainties in the consultation, but struggles to reassure the patient or to manage it independently.	Is able to manage uncertainty including that experienced by the patient.	Anticipates and employs a variety of strategies for managing uncertainty.
	Attempts to prioritise management options based on an assessment of patient risk.	Communicates risk effectively to patients and involves them in its management to the appropriate degree.	Uses the patient's perception of risk to enhance the management plan.
	Manages patients with multiple problems with reference to appropriate guidelines for the individual conditions.	Recognises the inevitable conflicts that arise when managing patients with multiple problems and takes steps to adjust care appropriately.	Comfortable moving beyond single condition guidelines and protocols in situations of multi-morbidity and polypharmacy, whilst maintaining the patient's trust
	Considers the impact of the patient's lifestyle on their health.	Consistently encourages improvement and rehabilitation and, where appropriate, recovery. Encourages the patient to participate in appropriate health promotion and disease prevention strategies.	Coordinates a team based approach to health promotion in its widest sense. Maintains a positive attitude to the patient's health even when the situation is very challenging.

Assessments where this competency can be evidenced: 1. CBD/CEX 2. CSR



## 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.

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Demonstrates a basic understanding of the organisation of primary care and the use of clinical computer systems.	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&T).	Uses and modifies organisational and IM&T systems to facilitate: <ul style="list-style-type: none"> <li>• clinical care to individuals and communities</li> <li>• clinical governance</li> <li>• practice administration</li> </ul>
	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.	Uses the computer during consultations whilst maintaining rapport with the patient to produce records that are succinct, comprehensive, appropriately coded and understandable.	Uses IM&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.
	Personal organisational and time-management skills are sufficient that patients and colleagues are not unreasonably inconvenienced or come to any harm.	Is consistently well organised with due consideration for colleagues as well as patients. Demonstrates effective: <ul style="list-style-type: none"> <li>• time-management</li> <li>• hand-over skills</li> <li>• prioritisation</li> <li>• delegation.</li> </ul>	Manages own work effectively whilst maintaining awareness of other people's workload. Offers help sensitively but recognises own limitations.
	Responds positively to change in the organisation.	Helps to support change in the organisation. This may include making constructive suggestions.	Actively facilitates change in the organisation. This will include the evaluation of the effectiveness of any changes implemented.
	Manages own workload responsibly.	Responds positively when services are under pressure in a responsible and considered way.	Willing to take a lead role in helping the organisation to respond to exceptional demand.

Assessments where this competency can be evidenced: 1. CBD

Can also be shown via NOE - like leading & organising projects

This competency is also about the appropriate use of primary care administration systems, effective record keeping and information technology for the benefit of patient care.

## Community orientation

This is about the management of the health and social care of the practice population and local community

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Demonstrates understanding of important characteristics of the local population, e.g. patient demography, ethnic minorities, socio-economic differences and disease prevalence, 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.	Takes an active part in helping to develop services in their workplace or locality that are relevant to the local population.
	Demonstrates understanding of the range of available services in their particular locality.	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.	Understands the local processes that are used to shape service delivery and how they can influence them, e.g. through Health Boards and CCGs.
	Understands limited resources within the local community, e.g. the availability of certain drugs, counselling, physiotherapy or child support services.	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.	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.
	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 how local resources have been used to enhance patient care.	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.

Assessments where this competency can be evidenced: 1. CBD 2. CSR

Can also be shown via NOE - through things like projects tackling community based problems

Please note: difficult to show this competency in hospital posts  
(unless the trainee is doing a project about the primary-secondary care interface)

## 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.

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Knows how to access the available evidence, including the medical literature, clinical performance standards and guidelines for patient care.	Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making.	Uses professional judgement to decide when to initiate and develop protocols and when to challenge their use.  Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions.
	Engages in some study reacting to immediate clinical learning needs.	Shows a commitment to professional development through reflection on performance and the identification of personal learning needs.  Addresses learning needs and demonstrates the application of these in future practice.	Systematically evaluates performance against external standards.  Demonstrates how elements of personal development impact upon career planning and the needs of the organisation.
	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 significant event analyses.  Recognises situations, e.g. through risk assessment, where patient safety could be compromised.	Personally participates in audits and quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance.  Engages in significant event reviews, in a timely and effective manner, and learns from them as a team-based exercise.	Encourages and facilitates participation and application of clinical governance activities, by involving the practice, the wider primary care team and other organisations.
	Contributes to the education of others.	Identifies learning objectives and uses teaching methods appropriate to these.  Assists in making assessments of learners where appropriate.	Evaluates outcomes of teaching, seeking feedback on performance, and reflects on this.  Actively facilitates the development of others.  Ensures students and junior colleagues are appropriately supervised.

Assessments where this competency can be evidenced: 1. MSF 2. CSR 3. CEX

Can also be shown via NOE - through things like projects involving teaching others, improving practice etc.

### Maintaining an ethical approach

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

Insufficient evidence	Needs Further Development	Competent	Excellent
<p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale</p>	<p>Awareness of the professional codes of practice as described in the GMC document "Good Medical Practice".</p>	<p>Demonstrates the application of "Good Medical Practice" in their own clinical practice. Reflects on how their values, attitudes and ethics might influence professional behaviour.</p>	<p>Anticipates the potential for conflicts of interest and takes appropriate action to avoid these.</p>
	<p>Understands the need to treat everyone with respect for their beliefs, preferences, dignity and rights.</p>	<p>Demonstrates equality, fairness and respect in their day-to-day practice.</p>	<p>Anticipates situations where indirect discrimination might occur. Awareness of current legislation as it applies to clinical work and practice management.</p>
	<p>Recognises that people are different and does not discriminate against them because of those differences.</p>	<p>Values and appreciates different cultures and personal attributes, both in patients and colleagues.</p>	<p>Actively supports diversity and harnesses differences between people for the benefit of the organisation and patients alike.</p>
	<p>Understands that "Good Medical Practice" requires reference to ethical principles.</p>	<p>Reflects on and discusses moral dilemmas encountered in the course of their work.</p>	<p>Able to analyse ethical issues with reference to specific ethical theory.</p>

Assessments where this competency can be evidenced: 1. MSF 2. CSR 3. CBD

## 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.

Insufficient evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale	Understands the GMC document, "Duties of a Doctor".	Demonstrates the accepted codes of practice in order to promote patient safety and effective team-working.	Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change.
	Attends to their professional duties.	Achieves a balance between their professional and personal demands that meets their work commitments and maintains their health.	Anticipates situations that might damage their work-life balance and seeks to minimise any adverse effects on themselves or their patients.
	Awareness that physical or mental illness, or personal habits, might interfere with the competent delivery of patient care.	Takes effective steps to address any personal health issue or habit that is impacting on their performance as a doctor. Demonstrates insight into any personal health issues.	Takes a proactive approach to promote personal health. Encourages an organisational culture in which the health of its members is valued and supported.
	Identifies and notifies an appropriate person when their own or a colleague's performance, conduct or health might be putting others at risk.	Reacts promptly, discreetly and impartially when there are concerns about self or colleagues. Takes advice from appropriate people and, if necessary, engages in a referral procedure.	Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern.
	Responds to complaints or performance issues appropriately.	Uses mechanisms to reflect on and learn from complaints or performance issues in order to improve patient care.	Actively seeks to anticipate and rectify where systems and practice may require improvement in order to improve patient care.

Assessments where this competency can be evidenced: 1. MSF 2. CSR 3. CBD