1.

Indicators of Potential Underperformance **Not** a level below NFD See Guidance	Communication and Consulting Skills This competency is about communication with patients, and the use of recognised consultation techniques

	Needs Further Development	Competent	Excellent
Does not establish rapport with the patient **Makes inappropriate assumptions about the patients agenda** **Misses / ignores significant cues** **Does not give space and time to the patient when this is needed**	Develops a working relationship with the patient, but one in which the problem rather than the person is the focus	Explores 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
The approach is inappropriately doctor-centred	Produces management plans that are appropriate to the patient's problem	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
Uses stock phrases / inappropriate medical jargon rather than tailoring the language to the patients' needs and context	Provides explanations that are relevant and understandable to the patient, using appropriate language	Explores the patient's understanding of what has taken place	Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient
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**	Achieves the tasks of the consultation but uses a rigid approach	Flexibly and efficiently achieves consultation tasks, responding to the consultation preferences of the patient	Appropriately uses advanced consultation skills such as confrontation or catharsis to achieve better patient outcomes

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<td colspan="2">**Treats the disease, not the patient**</td>
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Practising Holistically

This competency is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions, taking into account feelings as well as thoughts

Needs Further Development	Competent	Excellent
Enquires into both physical and psychological aspects of the patient's problem	Demonstrates understanding of the patient in relation to their socio-economic and cultural background	Uses this understanding to inform discussion and to generate practical suggestions for patient management
Recognises the impact of the problem on the patient	Additionally, recognises the impact of the problem on the patient's family/carers	Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient
Uses him/herself as the sole means of supporting the patient	Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient	Organises appropriate support for the patient's family and carers

3.

Indicators of Potential Underperformance
Not a level below NFD
Has an approach which is disorganised, chaotic, inflexible or inefficient **Does not use significant data as a prompt to gather further information** **Does not look for red flags appropriately** **Fails to identify normality** **Examination technique is poor** **Fails to identify significant physical or psychological signs**

Data Gathering and Interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation

Needs Further Development	Competent	Excellent
Obtains information from the patient that is relevant to their problem	Systematically gathers information, using questions appropriately targeted to the problem Makes appropriate use of existing information about the problem and the patient's context	Proficiently identifies the nature and scope of enquiry needed to investigate the problem
Employs examinations and investigations that are broadly in line with the patient's problem.	Chooses examinations and targets investigations appropriately	Uses an incremental approach, basing further enquiries, examinations and tests on what is already known and what is later discovered
Identifies abnormal findings and results	Identifies the implications of findings and results	

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Making a diagnosis/making decisions

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

Indicators of Potential Underperformance	Needs Further Development	Competent	Excellent
Is indecisive, illogical or incorrect in decision-making **Fails to consider the serious possibilities.** **Is dogmatic/closed to other ideas** **Too frequently has late or missed diagnoses**	Taking relevant data into account, clarifies the problem and the nature of the decision required	Addresses problems that present early and in an undifferentiated way by integrating information to aid pattern recognition Uses time as a diagnostic tool Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making	Uses methods such as models and scripts to identify patterns quickly and reliably. Uses an analytical approach to novel situations where probability cannot be readily applied
	Generates and tests an appropriate hypothesis Makes decisions by applying rules or plans	Revises hypotheses in the light of additional information Thinks flexibly around problems, generating functional solutions	No longer relies on rules alone but is able to use and justify discretionary judgement in situations of uncertainty

5.

Indicators of Potential Underperformance	Clinical Management		
Not a level below NFD See Guidance	This competency is about the recognition and management of common medical conditions in primary care		
	Needs Further Development	**Competent**	**Excellent**
	Recognises the presentation of common physical, psychological and social problems	Utilises the natural history of common problems in developing management plans	Monitors the patient's progress to identify quickly unexpected deviations from the anticipated path
	Responds to the problem by routinely suggesting intervention	Considers simple therapy/expectant measures where appropriate	Uses drug and non-drug methods in the treatment of the patient, appropriately using traditional and complementary medical approaches
	Uses appropriate but limited management options with little flexibility for the preferences of others	Varies management options responsively according to the circumstances, priorities and preferences of those involved	Generates and offers justifiable approaches where specific guidelines are not available
	Makes appropriate prescribing decisions, routinely using important sources of information	Routinely checks on drug interactions and side effects and shows awareness of national and local prescribing guidance	Prescribes cost-effectively but is able to justify transgressions of this principle
Asks for help inappropriately: either too much or too little	Performs up to, but does not exceed, the limits of their own competence	Refers appropriately and co-ordinates care with other professionals in primary care and with other specialists	Identifies and encourages the development of new resources where these are needed
Does not think ahead, safety net appropriately or follow-through adequately	Ensures that continuity of care can be provided for the patient's problem e.g. through adequate record keeping	Provides continuity of care for the patient rather than just the problem, reviewing care at suitable intervals	Contributes to an organisational infrastructure and professional culture that allows continuity of care to be facilitated and valued
	Responds rapidly and skilfully to emergencies	Appropriately follows-up patients who have experienced a medical emergency, and their family	Ensures that emergency care is co-ordinated within the practice team and integrated with the emergency services

6.

Managing Medical Complexity

This competency is about aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty and risk, and the approach to health rather than just illness

Needs Further Development	Competent	Excellent
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
Draws conclusions when it is appropriate to do so		

Indicators	Needs Further Development	Competent	Excellent
Inappropriately burdens the patient with uncertainty **Finds it difficult to suggest a way forward in unfamiliar circumstances**	Appropriately prioritises management approaches, based on an assessment of patient risk	Is able to tolerate uncertainty, including that experienced by the patient, where this is unavoidable Communicates risk effectively to patients and involves them in its management to the appropriate degree	Anticipates and uses strategies for managing uncertainty Uses strategies such as monitoring, outcomes assessment and feedback to minimise the adverse effects of risk
Often gives up in complex or uncertain situations **Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement**	Maintains a positive attitude to the patient's 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, prevention, cure, care and palliation and rehabilitation

7.

Indicators of Potential Underperformance **Not** a level below NFD See Guidance	Organisation, management and leadership
	This competency is about an understanding of how primary care within the NHS is organised, how a primary care team is managed and the development of clinical leadership skills.

	Needs Further Development	Competent	Excellent
	Demonstrates a basic understanding of the organisation of primary care and the use of primary care 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: • Clinical care to individuals and communities • Clinical governance • Practice administration
Tends to work in isolation	Uses the computer record and on-line information during the consultation, routinely recording and coding each clinical contact in a timely manner following the record-keeping conventions of the practice.	Uses the computer during the consultation whilst maintaining rapport with the patient to produce records that are succinct and comprehensible.	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. This will include communication with out of hours providers.
Refuses to help out when it gets busy	Personal organisational skills are sufficient that patients and colleagues are not unreasonably inconvenienced or come to any harm. This includes time management skills.	Consistently well organised approach to work with due consideration for colleagues as well as patients, demonstrating effective time-management skills, prioritisation and appropriate delegation.	Manages own work effectively whilst maintaining awareness of others' workload. Offers help sensitively but recognises own limitations.
Responds negatively to change	Responds positively to change in the organisation.	Helps to facilitate change in the organisation. This may include making constructive suggestions.	Actively participates in leading change in the organisation. This will include the evaluation of the effectiveness of any changes implemented.
Poor time management	Manages own workload calmly and responsibly.	Responds when services are under pressure, eg when short-staffed or during times of exceptional demand, in a responsible and considered way.	Willing to take a lead role in helping the organisation to respond to exceptional demand.

8.

Indicators of Potential Underperformance	Working with Colleagues and in Teams		
Not a level below NFD See Guidance	This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues		
	Needs Further Development	**Competent**	**Excellent**
Has an inflexible approach to working with colleagues	Meets contractual obligations to be available for patient care	Provides appropriate availability to colleagues	Anticipates situations that might interfere with availability and ensures that patient care is not compromised
Works in isolation **Gives little support to team members** **Doesn't appreciate the value of the team** **Inappropriately leaves their work for others to pick up** **Feedback (formal or informal) from colleagues raises concerns**	Appropriately utilises the roles and abilities of other team members When requested to do so, appropriately provides information to others involved in the care of the patient	Works co-operatively with the other members of the team, seeking their views, acknowledging their contribution and using their skills appropriately Communicates proactively with team members so that patient care is not compromised In relation to the circumstances, chooses an appropriate mode of communication to share information with colleagues and uses it effectively	Encourages the contribution of colleagues and contributes to the development of the team

9.

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Community Orientation

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

Needs Further Development	Competent	Excellent
Identifies important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features	Applies an understanding of these features to improve the management of the practice's patient population	Uses an understanding of these features to contribute to the development of local healthcare delivery e.g. service design
Identifies important elements of local health care provision in hospital and in the community and how these can be appropriately accessed by doctors and patients	Uses this understanding to inform referral practices and to encourage patients to access available resources	Uses an understanding of the resources and the financial and regulatory frameworks within which primary care operates, to improve local healthcare
Identifies how the limitations of local healthcare resources might impact upon patient care	Optimises the use of limited resources, e.g. through cost-effective prescribing	Balances the needs of individual patients with the health needs of the local community, within the available resources

Fails to take responsibility for using resources in line with local and national guidance

10.

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<td colspan="1"><b style="color:green">Indicators of Potential Underperformance

Not a level below NFD

See <u>Guidance</u></td>
<td colspan="3"><b style="color:green">Maintaining Performance, Learning and Teaching

This competency is about maintaining the performance and effective continuing professional development of oneself and others</td>
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<td>Needs Further Development

Accesses the available evidence, including the medical literature, clinical performance standards and guidelines for patient care</td>
<td>Competent

Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making</td>
<td>Excellent

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</td>
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<td><b style="color:red">Fails to engage adequately with the portfolio e.g. the entries are scant, reflection is poor, plans are made but not acted on or the PDP is not used effectively

<b style="color:red">Reacts with resistance to feedback that is perceived as critical

<b style="color:red">Fails to make adequate educational progress</td>
<td>Routinely engages in study to keep abreast of evolving clinical practice and contemporary medical issues</td>
<td>Shows a commitment to professional development through reflection on performance and the identification of and attention to learning needs

Evaluates the process of learning so as to make future learning cycles more effective</td>
<td>Systematically evaluates performance against external standards, using this information to inform peer discussion.

Demonstrates how elements of personal development are related to the needs of the organisation

Uses the mechanism of professional development to aid career planning</td>
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<td>Changes behaviour appropriately in response to the clinical governance activities of the practice, in particular to the agreed outcomes of audit and significant event analysis

Recognises situations, e.g. through risk assessment, where patient safety could be compromised</td>
<td>Participates in audit where appropriate and uses audit activity to evaluate and suggest improvements in personal and practice performance

Engages in significant event reviews and learns from them as a team-based exercise</td>
<td>By involving the team and the locality, encourages and facilitates wider participation and application of clinical governance activities</td>
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<td>Contributes to the education of students and colleagues</td>
<td>Identifies learning objectives and uses teaching methods appropriate to these

Assists in making assessments of learners</td>
<td>Evaluates outcomes of teaching, seeking feedback on performance

Uses formative assessment and constructs educational plans. Ensures students and junior colleagues are appropriately supervised</td>
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11.

Indicators of Potential Underperformance **Not** a level below NFD See Guidance	Maintaining an Ethical Approach to Practise
	This competency is about practising ethically with integrity and a respect for diversity

	Needs Further Development	Competent	Excellent
Does not consider ethical principles, such as good vs harm, and use this to make balanced decisions	Observes the professional codes of practice, showing awareness of their own values, attitudes and ethics and how these might influence professional behaviour	Identifies and discusses ethical conflicts in clinical practice	Anticipates and avoids situations where personal and professional interests might be brought into conflict
Fails to show willingness to reflect on own attitudes	Treats patients, colleagues and others equitably and with respect for their beliefs, preferences, dignity and rights	Recognises and takes action to address prejudice, oppression and unfair discrimination within the self, other individuals and within systems	Actively promotes equality of opportunity for patients to access health care and for individuals to achieve their potential
	Recognises that people are different and does not discriminate against them because of those differences	Values diversity by harnessing differences between people for the benefit of practice and patients alike	

12.

Indicators of Potential Underperformance	Fitness to Practise
Not a level below NFD See Guidance	This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients

Indicators of Potential Underperformance	Needs Further Development	Competent	Excellent
Fails to respect the requirements of the organisation e.g. meeting deadlines, producing documentation, observing contractual obligations **Has repeated unexplained or unplanned absences from professional commitments**	Understands and maintains awareness of the GMC duties of a doctor	Observes the accepted codes of practice in order to minimise the risk of disciplinary action or litigation	Encourages scrutiny and justifies professional behaviour to colleagues
Prioritises his/her own interests above those of the patient **Fails to cope adequately with pressure e.g. dealing with stress or managing time**	Attends to professional demands whilst showing awareness of the importance of addressing personal needs	Achieves a balance between professional and personal demands that protects professional obligations and preserves health	Anticipates situations that might damage the work/life balance and seeks to minimise the adverse effects
	Attends to physical or mental illness or habit that might interfere seriously with the competent delivery of patient care	Proactive in taking steps to maintain personal health	Promotes an organisational culture in which the health of its members is valued and supported
	Notifies when his/her own or a colleague's performance, conduct or health might be putting patients at risk	Promptly, discreetly and impartially ascertains the facts of the case, takes advice from colleagues and, if appropriate, engages in a referral procedure	Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern
Is the subject of multiple complaints	Responds to complaints appropriately	Where personal performance is an issue, seeks advice and engages in remedial action	Uses mechanisms to learn from performance issues and to prevent them from occurring in the organisation

13.

Indicators of Potential Underperformance
Not a level below NFD
See Guidance

Fails to examine when the history suggests conditions that might be confirmed or excluded by examination
Inappropriate over - examination
Patient appears unnecessarily upset by the examination
Fails to obtain informed consent for the procedure
Patient shows no understanding as to the purpose of examination.

Clinical Examination and Procedural Skills

This competence is about clinical examination and procedural skills and by the end of training, the trainee must have demonstrated competence in Breast examination and in the full range of male and female genital examination

Needs Further Development	Competent	Excellent
Chooses examinations 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 an incremental 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
Demonstrates limited fine motor skills when carrying out simple procedures	Refers on appropriately when a procedure is outside their level of skill	Actively promotes safe practice with regard to examination and procedural skills
Observes the professional codes of practice including the use of chaperones	Identifies and discusses ethical issues with regard to examination and procedural skills	Engages with audit 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 to 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 and 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.