Fitness to practice

those of the patient

Fails to cope adequately with pressure e.g. dealing with stress or managing time

Is the subject of multiple complaints.

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.

Indicators of Potential Underperformance	Needs further development	Competent	Excellent
Fails to respect the requirements of t organisation e.g. meeting deadline producing documentation, observi contractual obligations Has repeated unexplained or unpla	Understands the GMC document, "Duties of a Doctor". Attends to their professional duties. Awareness that physical or mental ill	Demonstrates the accepted codes of practice in order to promote patient safet and effective team-working. Achieves a balance between their professional and personal demands that	Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change. Anticipates situations that might dama their work-life balance and seeks t
absences from professional commitments Prioritises his/her own interests above those of the patient Fails to cope adequately with pressure e.g. dealing with stress or managing time Is the subject of multiple complaints	or personal habits, might interfere with t competent delivery of patient care. Identifies and notifies an appropriate person when their own or a collea performance, conduct or health might be putting others at risk. Responds to complaints or performance	meets their work commitments and maintains their health. Takes effective steps to address a personal health issue or habit that is impacting on their performance as a doctor. Demonstrates insight into any personal health issues.	minimise any adverse effects on themself or their patients. Takes a proactive approach to promote personal health. Encourages an organisational culture in which the health of its members is val and supported.
Fails to respect the requirements of t organisation e.g. meeting deadline producing documentation, observi contractual obligations Has repeated unexplained or unpla absences from professional commitments	issues appropriately.	Reacts promptly, discreetly and impartiall when there are concerns about self colleagues. Takes advice from appropriate people and if necessary, engages in a referral procedure.	Provides positive support to collea who have made mistakes or performance gives cause for concern. Actively seeks to anticipate and rectif where systems and practice may require improvement in order to improve patient care.
Prioritises his/her own interests above		Uses mechanisms to reflect on and lear	cui c.

from complaints or performance issues in

order to improve patient care.

Maintaining an ethical approach

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

Indicators of Potential Underperformance	Needs further development	Competent	Excellent
Does not consider ethical principles, such as good vs harm, and use this to make balanced decisions	Awareness of the professional codes of practice as described in the GMC document "Good Medical Practice".	Demonstrates the application of "Good Medical Practice" in their own clinical practice.	Anticipates the potential for conflicts of interest and takes appropriate action to avoid these.
Fails to show willingness to reflect on own attitudes	Understands the need to treat everyone with respect for their beliefs, preferences, dignity and rights.	Reflects on how their values, attitudes and ethics might influence professional behaviour.	Anticipates situations where indirect discrimination might occur.
	Recognises that people are different and does not discriminate against them because of those differences.	Demonstrates equality, fairness and respect in their day-to-day practice.	Awareness of current legislation as it applies to clinical work and practice management.
	Understands that "Good Medical Practice" requires reference to ethical principles.	Values and appreciates different cultures and personal attributes, both in patients and colleagues.	Actively supports diversity and harnesses differences between people for the benefit of the organisation and patients alike.
		Reflects on and discusses moral dilemmas encountered in the course of their work.	Able to analyse ethical issues with reference to specific ethical theory.

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.

Indicators of Potential
Underperformance

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

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 doctorcentred Develops a working relationship with the patient, but one in which the problem rather than the person is the focus.

Uses a rigid or formulaic approach to achieve the main tasks of the consultation.

Provides explanations that are relevant and understandable to the patient, using appropriate language.

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.

Aware of when there is a language barrier and can access interpreters either in person or by telephone.

Explores the patient's agenda, health beliefs and preferences.

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

Explores the patient's understanding of what has taken place

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.

Manages consultations effectively with patients who have different languages, cultures, beliefs and educational backgrounds.

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.

Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient

Employs a full range of fluent communication skills, both verbal and nonverbal, 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.

Uses a variety of communication and consultation techniques that demonstrates respect for, and values, diversity.

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.

Indicators of Potential Underperformance	Needs further development	Competent	
Works in isolation	Shows basic awareness of working within a	Is an effective team member, working	Hel
	team rather than in isolation.	flexibly with the various teams involved in	to e

Doesn't appreciate the value of the team

Gives little support to team members

Inappropriately leaves their work for others to pick up

Feedback (formal or informal) from colleagues raises concerns

Understands the different roles, skills and responsibilities that each member brings to a primary health care team.

Respects other team members and their contribution but has vet to grasp the advantages of harnessing the potential within the team.

Responds to the communications from other team members in a timely and constructive manner.

Understands the importance of integrating themselves into the various teams in which they participate.

day to day primary care.

Understands the context within which different team members are working, e.g. Health Visitors and their role in safeguarding.

Appreciates the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals.

Communicates proactively with team members so that patient care is enhanced using an appropriate mode of communication for the circumstances.

Contributes positively to their various teams and reflects on how the teams work and members interact.

elps to coordinate a team-based approach enhance patient care, with a positive and creative approach to team development.

Excellent

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.

Encourages the contribution of others employing a range of skills including active listening. Assertive but doesn't insist on own views.

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.

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.

Indicators of Potential
Underperformance

Needs further development

Competent

Excellent

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

Reacts with resistance to feedback that is perceived as critical

Fails to make adequate educational progress

Knows how to access the available evidence, including the medical literature, clinical performance standards and guidelines for patient care.

Engages in some study reacting to immediate clinical learning needs.

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.

Contributes to the education of others.

Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making.

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.

Personally, participates in audits and quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance.

Engages in learning event reviews, in a timely and effective manner, and learns from them as a team-based exercise.

Identifies learning objectives and uses teaching methods appropriate to these.

Assists in making assessments of learners where appropriate.

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.

Systematically evaluates performance against external standards.

Demonstrates how elements of personal development impact upon career planning and the needs of the organisation.

Encourages and facilitates participation and application of clinical governance activities, by involving the practice, the wider primary care team and other organisations.

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.

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.

Ind	licators	of	Pote	ntial
U	nderpe	rfo	rman	ce

Needs further development

Competent

Excellent

Consults with the computer rather than the patient

Records show poor entries e.g. too short, too long, unfocused, failing to code properly or respond to prompts Demonstrates a basic understanding of the organisation of primary care and the use of clinical computer systems.

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.

Personal organisational and timemanagement skills are sufficient that patients and colleagues are not inconvenienced or come to any harm.

Responds positively to change in the organisation.

Manages own workload responsibly.

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 the computer during consultations whilst maintaining rapport with the patient to produce records that are succinct, comprehensive, appropriately coded and understandable.

Is consistently well organised with due consideration for colleagues as well as patients. Demonstrates effective: timemanagement, hand-over skills, prioritisation, delegation

Helps to support change in the organisation. This may include making constructive suggestions.

Responds positively when services are under pressure in a responsible and considered way.

Uses and modifies organisational and IM&T systems to facilitate: Clinical care to individuals and communities, Clinical governance Practice administration

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.

Manages own work effectively whilst maintaining awareness of other people's workload. Offers help sensitively but recognises own limitations.

Actively facilitates change in the organisation. This will include the evaluation of the effectiveness of any changes implemented.

Willing to take a lead role in helping the organisation to respond to exceptional demand.

Practicing 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.

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

Community orientation

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

Indicators of Potential
Underperformance

Needs further development

Competent

Excellent

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

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 the range of available services in their particular locality.

Understands limited resources within the local 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. Considers 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.