The RCGP Curriculum

Being a General Practitioner

Royal College of General Practitioners

#BeingaGP

The RCGP Curriculum

Being a General Practitioner

For implementation
from 1st August 2019

Royal College of
General Practitioners

Contents

Introduction to the RCGP curriculum

Purpose statement

Since its introduction in 2007, the RCGP curriculum has described the attitudes, skills and expertise required to become a competent GP in the UK NHS. It sets out the educational framework that forms the basis of the discipline of general practice and builds a foundation for career-long development.

The RCGP has published a comprehensive analysis of the challenges faced by general practice and primary care,[1] based on evidence from an extensive body of national and international research. This identified specific challenges in addressing the increasing demand for healthcare against diminishing resources and rising real-term costs. These include:

- an increase in the number of patients with long-term conditions and multimorbidity
- ageing populations
- the need to deliver more integrated, multidisciplinary care
- the challenge of addressing health inequalities and the greater need for disease prevention
- the importance of engaging patients in their own care
- working within financial and workforce constraints.

An analysis of the role of a GP[2] identified the need for more emphasis on the skills and capabilities of GPs outside the consulting room, relating to leadership, professionalism and engagement in commissioning activities.

Increasingly, GPs are required to consider how their work impacts at a community level, and how this aligns with the health system as a whole. Population health problems such as obesity, child health, mental health and comorbidity are highly complex and are increasing in number, putting a greater burden on health services. There is a continuing challenge of non-communicable diseases such as cardiovascular disease, cancer and liver disease, alongside the new lifestyle-related challenges of obesity, alcohol dependence and type 2 diabetes.

Continuity of care is highly valued by patients and is a key process through which therapeutic relationships are built and maintained over time. It is a prerequisite for effective generalist care.

The growth in the prevalence of long-term conditions and multimorbidity means that the success of general practice in integrating care will play an increasingly important role in shaping the future trajectory of healthcare expenditure.

The RCGP's vision for General Practice in 2030 is set out in 'Fit for the Future – A vision for General Practice'.[3] It describes the contribution of general practice as the bedrock of the NHS.

This vision aligns with strategic workforce plans across the four nations by improving retention in the profession and increasing the attractiveness of General Practice as the first-choice career for medical graduates.

Patients experiences, needs, and preferences will be at the heart of the vision for general practice. Patients expressed their wish to be treated as individuals and equal partners with healthcare teams and receive joined up care from professionals. They would like the ability to manage their own health proactively supported by flexibility in how and when they see their GP with the appropriate and dependable use of technology.

A revitalised profession will allow GPs to achieve greater job satisfaction through a manageable workload. They will continue to provide relationship-based whole person-centred care with time to care for the complex needs of patients through a wider variety of types of consultation. The expert generalist will be increasingly highly valued with extended roles and areas of expertise.

By working in expanded teams, care will be delivered by multidisciplinary professionals offering a wide range of community services. The creation of new roles in primary care will complement the skills of the GP who will provide leadership, advice, training and mentorship.

GPs will collaborate with neighbouring practices and local populations to provide care across the traditional boundaries between hospitals, primary care and social care. Wellbeing services will help to build strong and resilient communities.

We see a general practice in the future that is forward thinking whilst maintaining what we know patients value: continuity of care, a truly holistic approach to medicine that treats the whole person, not just their condition, and that is rooted in the community.

Rationale

Defining the scope of services provided by general practice is challenging because of its generalist and comprehensive nature, but it is outlined in the NHS General Medical Services contract.

Broadly, the scope of a GP includes:

- the first contact assessment and management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable
- the general management of patients who are terminally ill
- management of chronic disease in the manner determined by local needs, in discussion with patients
- a range of nationally or locally commissioned services that are normally expected of all practices: cervical cytology, child health surveillance, maternity services (not intrapartum care), contraceptive services
- an extended range of more specialised or extended services delivered by primary care organisations, which can include childhood vaccinations and immunisations; minor surgery; clinical priorities, for example heart failure, osteoporosis, alcohol, learning disabilities, avoiding unplanned admissions and elderly frailty assessment; anticoagulant monitoring and near-patient testing; intrauterine contraception and sexual health; drug and alcohol misuse; care of homeless people; immediate/ first response care; intra-partum care; minor primary services such as phlebotomy; electrocardiography; spirometry; and care of people in nursing homes.

Attention to measurable outcomes has helped to focus on both clinical and non-clinical areas where care by the GP plays an essential role:

- clinical care – covering a wide range of long-term conditions including asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, coronary heart disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, hypothyroidism, learning disabilities, mental health, obesity, palliative care, smoking, stroke and transient ischaemic attack
- organisational aspects of running a practice – including records and information governance, patient communication, education and training, practice management and medicines management
- patient experience and feedback.

As a generalist, a competent GP requires a high level of understanding across the full range of medical and surgical specialties, with additional skills to provide appropriate care in a safe and cost-effective way. Services have expanded to include taking responsibility for a number of services historically provided in secondary care.

How the curriculum is structured

Capabilities in practice

Becoming a capable and competent GP

The RCGP curriculum acts as the educational framework for the 3-year specialty training programme for doctors entering general practice in the UK.

The 2019 GP curriculum is designed to integrate with the General Medical Council's (GMC) generic professional capabilities framework.[4] This framework describes the essential capabilities that support professional medical practice in the UK (see Figure 1).

Figure 1: Generic professional capabilities framework

The generic professional capabilities framework provides a consistent approach across all postgraduate medical curricula. It prioritises a number of themes, such as patient safety, quality improvement, safeguarding vulnerable groups, health promotion, leadership, team-working and other fundamental aspects of professional behaviour and practice.

The intended learning outcomes of the RCGP curriculum are organised into five Areas of Capability (see Figure 2) based around the GMC's generic professional capabilities framework and are grouped within specific capabilities described within this document. The curriculum is also supported by a series of duplication topics guides that explore professional and clinical capabilities in more depth and illustrate them through examples in practice.

The capabilities that form the basis for the structure of the RCGP curriculum run as developmental threads throughout the GP training programme, and link earlier medical training with GP licensing assessments and post-licensing GMC revalidation standards. Although it is possible to define other capabilities of relevance to general practice, these five have been selected as a basis on which to build the RCGP curriculum because of their importance to GP training and assessment within the context of the NHS in all four UK nations.

Whilst separated for conceptual reasons, these Areas of Capability should be considered as part of an integrated global progression in personal and professional development that will continue throughout your career.

In relation to GP training, MRCGP assessments [i.e. Workplace-Based Assessment (WPBA), Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA)] are primarily concerned with evaluating capability. Specifically, they consider the ability to demonstrate knowledge and skill to the standard expected of a newly qualified GP in a range of common clinical and professional scenarios.

The development of capabilities will continue lifelong. During training, this process is overseen by an educational supervisor and supported by other educational activities that encourage self-directed learning, formative feedback and critical reflection. Beyond training, capability is demonstrated through continuing professional development, appraisal and revalidation.

The curriculum also describes 13 specific capabilities that are core to general practice and that a doctor is expected to acquire during GP specialty training (see Table 1). These capabilities map explicitly to the GMC's generic professional capabilities framework (see Appendix 1 for a detailed map).

Figure 2: The five Areas of Capability in the RCGP curriculum for general practice

Area of capability	Specific capabilities for general practice To be a GP, you must be capable of:
A. Knowing yourself and relating to others	**Fitness to practise** • Demonstrating the attitudes and behaviours expected of a good doctor • Managing the factors that influence your performance **Maintaining an ethical approach** • Treating others fairly and with respect and acting without discrimination • Providing care with compassion and kindness **Communication and consultation** • Establishing an effective partnership with patients • Maintaining a continuing relationship with patients, carers and families
B. Applying clinical knowledge and skill	**Data gathering and interpretation** • Applying a structured approach to data gathering and investigation • Interpreting findings accurately to reach a diagnosis **Clinical examination and procedural skills** • Demonstrating a proficient approach to clinical examination • Demonstrating a proficient approach to the performance of procedures **Making decisions** • Adopting appropriate decision-making principles • Applying a scientific and evidence-based approach **Clinical management** • Providing general clinical care to patients of all ages and backgrounds • Adopting a structured approach to clinical management • Making appropriate use of other professionals and services • Providing urgent care when needed
C. Managing complex and long-term care	**Managing medical complexity** • Enabling people living with long-term conditions to improve their health • Managing concurrent health problems within an individual patient • Adopting safe and effective approaches for patients with complex needs **Working with colleagues and in teams** • Working as an effective team member • Coordinating a team-based approach to the care of patients
D. Working well in organisations and in systems of care	**Improving performance, learning and teaching** • Continuously evaluating and improving the care you provide • Adopting a safe and scientific approach to improve quality of care • Supporting the education and development of colleagues **Organisational management and leadership** • Applying leadership skills to improve your organisation's performance • Making effective use of information and communication systems • Developing the financial and business skills required for your role

Table 1: The five Areas of Capability and 13 specific capabilities for general practice

Area of capability	Specific capabilities for general practice To be a GP, you must be capable of:
E. Caring for the whole person and the wider community	**Practising holistically, promoting health and safeguarding** • Demonstrating the holistic mindset of a generalist medical practitioner • Supporting people through experiences of health, illness and recovery • Safeguarding individuals, families and local populations **Community orientation** • Understanding the health service and your role within it • Building relationships with the communities in which you work

Table 1: The five Areas of Capability and 13 specific capabilities for general practice

Topics covered in GP specialty training

The curriculum is supplemented by a series of topic guides that explore specific capabilities in more depth, applying them in an appropriate clinical or professional context. Each topic guide is intended to illustrate important aspects of everyday general practice, rather than provide a comprehensive overview of that topic, and should not be viewed as a complete list of every topic needed to learn about as a practising GP.

Topic guides about professional issues

- Consulting in general practice
- Equality, diversity and inclusion
- Evidence-based practice, research and sharing knowledge
- Improving quality, safety and prescribing
- Leadership and management
- Population and planetary health - NEW

Topic guides about life stages

- Children and young people
- Reproductive health and maternity
- People living with long-term conditions including cancer
- Older adults
- People at the end of life.

Topic guides about clinical topics

- Allergy and immunology
- Cardiovascular health
- Dermatology
- Ear, nose and throat (ENT), speech and hearing
- Eyes and vision
- Gastroenterology
- Genomic medicine
- Gynaecology and breast
- Haematology
- Infectious disease and travel health
- Kidney and urology
- Mental health
- Metabolic problems and endocrinology
- Musculoskeletal health
- Neurodevelopmental disorders, intellectual and social disability
- Neurology
- Respiratory health
- Sexual health
- Smoking, alcohol and substance misuse.
- Urgent and unscheduled care.

How to learn general practice

The majority of your learning for general practice will occur in the workplace. A key element of professional behaviour requires you to reflect actively on your everyday experiences and incorporate your learning into your daily work and encounters with patients.[5]

There will also be opportunities for you to learn outside the workplace, through planned educational activities with other healthcare professionals and during formal teaching sessions.

In every placement, the patients and carers you meet will educate you about how they approach and manage their own illnesses and, if you are open to it, they will help you to become a better GP. Patients with long-term health conditions are often experts in managing their illness and experienced at negotiating their way through the healthcare system. You should also make the most of learning from the wide range of other colleagues in the multidisciplinary team who are involved in caring for your patients, both in hospital and in the community.

Building on this curriculum, your GP training programme will provide you with opportunities to gain insights into how patients and their problems are managed in different settings, as well as experience of the interfaces between these care environments. It will also give you a deep understanding of the meaning of the patient pathway and your role in helping your patients to negotiate this.

Your key educational relationships will be with your educational supervisor (your GP trainer), the clinical supervisors in your placements and the programme directors of your training programme. These relationships will be embedded in active, professional practice, where your experiences will not only allow the acquisition of skills but will also, by participation in professional practice, enable you to acquire the language, behaviours and philosophy of the profession.

As an adult learner[6] you will have your own distinct learning style and preferences. These will influence how you make use of the learning opportunities during your training programme and beyond, into your lifelong learning as a GP.

Ensuring a broad range of experience

To deliver the broad base of capabilities required for the NHS GP role, your training pathway should be configured to provide you with adequate, supervised exposure to the patients you will encounter when you are working in independent professional practice. For this reason, it is important that your training in secondary care is grounded in the capabilities that apply to the GP's role and typical working environment.

Attachments in secondary care can provide you with a concentration of clinical experience that would take months or years to achieve in the general practice setting (such as the opportunity to gain confidence in recognising seriously ill children through work in an appropriate acute child health service). In these settings, you will see and manage people with serious illness, and study their pathway from presentation and admission to discharge, as well as participating in planning their rehabilitation. Such opportunities should include appropriate outpatient and community outreach experiences.

As well as the differences in the clinical cases encountered in different health settings, you will also find that teams working in primary, community and secondary care are often organised differently, and you will be able to compare different team leadership styles and approaches.

The RCGP recommends that all GP training programmes should be configured to provide trainees with adequate opportunities to gain skills in the assessment and management of the general UK population, as well as providing more targeted training in the care of certain patient groups that require a specific clinical approach and skillset. In addition to the wide-ranging and essential generalist experience gained in general practice placements (of which a minimum of 18 months is recommended within a 36-month training programme), examples of additional relevant training opportunities are given in Table 2.

Services provided for…	Some examples:
Infants, children and young people	Hospital and community paediatric services and clinics, children's emergency department, integrated services (e.g. 'Learning Together'), children's centres
Maternal health	Antenatal, postnatal, perinatal and maternity services and clinics, obstetrics, early pregnancy assessment units, women's health clinics, family interventions
People with mental health needs	Psychiatry services, community mental health teams, child and adolescent mental health services, talking therapies, addiction services, student services, high deprivation practices
People with long-term conditions and disabilities	Medicine and surgery services and clinics, outpatient clinics, community services, rehabilitation and reablement services
Frail and elderly people (including people with multimorbidity and those who are dying)	Acute and internal medicine services and clinics, gerontology, care homes, dementia units, community hospitals, elderly care services, end-of-life care
People requiring urgent and unscheduled care	Emergency department, acute paediatrics or adult medicine services, out-of-hours services, walk-in centres, urgent treatment centres, minor injury units, intermediate care, hospital at home, 111, crisis support teams
People who may have health disadvantages and vulnerabilities	Emergency department, addiction services, child health teams, learning disability services, secure environments. Examples of training opportunities include, but are not limited to, services provided for people with addictions or who undertake risky behaviours; people with reduced mental capacity; people with safeguarding needs; veterans; refugees, asylum seekers and undocumented migrants; homeless people; victims of trafficking, torture, violence or abuse; people in secure environments

Table 2: Training placements and opportunities outside general practice settings

It is important to note that this table does not provide an exclusive list of GP training placements, as GPs must be trained to be capable of providing care to patients of all backgrounds and ages. It is possible, therefore, to incorporate relevant curriculum-based placements within a wide range of healthcare services and settings.

Given the capabilities required for general practice, hospital-based training posts should be configured to enable GP trainees to gain sufficient experience in relevant outpatient clinics and other non-ward environments. Additionally, a suitable training post may of course be configured to provide exposure to more than one patient group simultaneously, for example a post based in a gerontology service with regular outpatient clinic experience or an acute medical on-call commitment providing relevant training experience in relation to both the elderly multimorbid and the acutely ill patient group.

Integrating specialist approaches into generalist care

The training you undertake in the earlier stages of the GP training pathway (i.e. ST1 and ST2) should be sufficiently supervised to ensure that you develop a proficient, safe and appropriate approach to clinical assessment and management from the outset. This will enhance effectiveness and ensure patient safety during the latter stages of training, when the level of direct supervision is reduced, and the clinical environment becomes more generalist in nature.

Throughout your training, it is essential to take the time to reflect on your practice. This includes developing a clear understanding of what has been learned and how it can be applied effectively to a general practice setting. Your programme director and educational supervisor will be able to assist you in accessing resources for learning during your placements and can advise on ways that you can meet leaning needs relating to the specialties that are not included in your rotation.

In the later stages of training, you will need to adjust your mindset to the different health needs, disease prevalence and range of clinical environments encountered in the general practice setting. This involves transferring the expertise gained from your earlier training experiences, when you encountered a ‘filtered’ secondary care population in which certain conditions may be more prevalent, to the ‘unfiltered’ general population presenting to general practice.

Undertaking adequate workplace-based supervision and formative assessment in the general practice setting is therefore essential, as this in the context in which you will ultimately practise independently. This enables your clinical skills, risk management skills and decision-making to be applied, honed and tested safely.

Work-based learning

Your training practice, and the patient contacts you make while working there, will provide the foundation for your career-long development as a generalist medical practitioner.

Initially, you will work closely with your GP trainer (educational supervisor) or clinical supervisor when consulting with patients. As you gain experience, you will work with less direct supervision and take more responsibility, until you are able to work safely and independently. Being observed, receiving structured feedback and reflecting on your work are fundamental features of this process of workplace-based learning.

In addition, you will have structured teaching sessions with your GP trainer, tailored to your learning needs. Your training practice is a complex organisation and you will be able to gain an understanding of how it functions as both an NHS provider organisation and a business. This includes how the practice team monitors the quality, safety and effectiveness of the care it delivers. You should familiarise yourself with the tools used in quality management, such as case review or learning event analysis, adverse incident reporting and patient satisfaction surveys, and use these tools to identify and meet new learning needs.

Self-directed learning

GPs are adult learners and developing a strong capability for self-directed study is an important part of your professional development. This may include reading around a topic that interests or perplexes you, reflecting on your experiences, searching for evidence or preparing for a teaching session or assessment. As well as the traditional books, papers and journals, there are many online resources that cover the RCGP curriculum, such as the RCGP eLearning courses. Many of these include self-assessment tools to provide you with feedback as you work through them.

The recommended working week in GP training includes a half-day for personal study and independent self-directed learning. Trainees will use this time in a variety of ways, depending on their needs, to ensure that they meet the curriculum outcomes, for example attending clinics, reading, carrying out eLearning, carrying out research projects, exploring the medical humanities literature, preparing for examinations and preparing their portfolio for assessment. This provides an essential opportunity for reflective practice and providing evidence of learning through workplace-based activities. In general, you should ensure that you are meeting the RCGP curriculum requirements before considering devoting your study time to discretionary educational activity.

Trainees who are progressing satisfactorily may wish to develop an interest in a particular area of practice and undertake a limited amount of training to that effect, but they should ensure that this does not hinder their progress or detract from their study of the RCGP curriculum.

You are encouraged to record your self-directed learning activities in your ePortfolio, which in itself will help you reflect on your training and identify new learning needs.

Learning with peers

The half- or whole-day release course allows trainees from different years to come together for small group sessions and can have a powerful influence on shaping attitudes and enhancing personal professional development. Peer learning groups for preparation for examinations and assessments have a long tradition and are highly valued by trainees. There are many examples of trainees learning to learn with their peers, with and without the need for facilitation. The half-day release schemes are a vehicle for:

- shared experiences
- learning together and action learning sets
- self-directed learning groups
- geographically based 'cluster' groups.

Learning with other health and care professionals

The broad knowledge and skills required by a GP are seldom provided solely by medical colleagues. Many aspects of the curriculum are taught by other professionals, such as clinical nurse specialists, advanced nurse practitioners, practice nurses and administrative colleagues.

Primary care is a multidisciplinary activity, and this will be reflected in the training programmes for future GPs. Practice-based education is of increasing importance and trainees should be involved both as learners and as teachers. Short attachments to other primary healthcare team-workers and other professionals, such as practice-based or community-based pharmacists, are helpful.

Understanding the interfaces between GPs and other professionals is another key task. Non-clinical staff, such as receptionists and managers, make key decisions on prioritising patient requests and have expertise in the administration and management of the practice as a business and a healthcare organisation.

Learning outside the health sector (e.g. spending time in social care or voluntary sector organisations) is also invaluable, for example in understanding the wider social determinants of health.

Finally, there may be opportunities for you to join other healthcare professionals in joint educational events, learning together through in-house or locality-based programmes.

Learning in formal situations

There are many resources for learning that are organised at both the regional and the national level. Access to these opportunities is provided through the study leave allowance process and is subject to the criteria of personal professional development and appropriateness for GP training. They most commonly include:

- CSA and AKT preparation courses
- clinical topic courses
- attendance at national conferences such as the RCGP annual conference.

Lifelong learning

Of course, becoming a qualified GP does not mean that your learning stops. Being a doctor is a process of lifelong learning, not only to keep up to date on medical developments but also to develop expertise and to improve the application of your knowledge and skills as you take on more senior and challenging roles.

Your learning needs will differ at different stages of your career and you need to be able to continuously review, identify and meet those needs. By linking explicitly with the GMC's Good Medical Practice guidance,[7] the RCGP curriculum can help you with this process, providing a useful educational framework for the fascinating and wonderful discipline of general practice.

How GP training is delivered

The RCGP curriculum requires GP trainees to develop a range of generalist capabilities and a broad base of clinical knowledge. This is delivered primarily through local training programmes. In most UK regions these programmes are managed by a School of Postgraduate General Practice Education or equivalent structure. A Director of Postgraduate General Practice Education leads the network of GP educators and trainers.

Within each geographical area, programme directors are responsible for training programmes and an individual trainee's programme is overseen by his or her educational supervisor, who is supported by the expertise and resources of a local team, according to local arrangements.

These experiences should be planned and reflected on by developing a Personal Development Plan (PDP) based on identified needs, with educational strategies that are suited to a learner's preferences, work-based experiential learning and available training opportunities.

The structure of the programme

The current structure of GP training over 3 years incorporates experience in both general practice and hospital posts specifically selected as being suitable for GP training.

Primary care placements

General practice placements provide the core experiential learning environment for future professional and career development. Learning opportunities include tutorials, informal learning, case discussions, meetings and quality improvement.

Secondary care placements

Hospital rotations approved for GP training are chosen to reflect exposure to problems encountered as a GP. Outpatient clinics can be valuable for seeing patients under supervision. Secondary care provides experience of cases encountered as a GP, but with a more concentrated exposure in specialist departments. It allows training in managing acutely ill patients and allows familiarity to be gained with the patient journey under specialist supervision.

Hospitals also provide opportunities for trainees to attend a wide range of multidisciplinary team meetings to gain different perspectives on integrated care and team-working.

Supervision

The role of the trainer in GP training is best considered in relation to the role of the clinical supervisor and the educational supervisor. It is based on the *Gold Guide to Specialty Training* (January 2018).[8] Additional information is provided in the standards for trainers, as outlined in *Promoting Excellence*.[9]

Clinical supervisors

Clinical supervisors are responsible for day-to-day supervision in the clinical setting. Clinical supervisors integrate learning with service provision by enabling trainees to learn by taking responsibility for patient management within the parameters of good clinical governance and patient safety. They should endeavour to be available, provide teaching and developmental conversations, give regular and appropriate feedback and be readily accessible for a rapid response to any issues as they arise. They must demonstrate awareness of equality and diversity, as well as cultural awareness.

A clinical supervisor will have knowledge and skills in the following:

- understanding how adults learn best and the relevance of this to teaching
- understanding how best to teach a clinical skill
- a variety of appropriate teaching techniques/methods
- understanding the importance of evaluating teaching
- giving feedback to trainees of all abilities.

Educational supervisors

Educational supervisors monitor trainees' progress over time to ensure that trainees are making the necessary clinical and educational progress. Educational supervisors will need all of the skills of clinical supervision, plus an appreciation of educational theory; the ability to provide role modelling; an appreciation of the importance of reflective practice; and an understanding of reflective practice.

The educational supervisor provides essential educational continuity in the assessment of overall progression towards the Certificate of Completion of Training (CCT) in general practice. The educational supervisor monitors the quality of evidence for learning through the ePortfolio and provides real-time and summarised feedback on workplace-based learning. An educational supervision review usually occurs annually and assesses all naturally occurring and formal evidence of achievement to make recommendations to the Annual Review of Competence Progression (ARCP) process.

The educational supervisor will:

- understand the GMC requirements and his or her own educational role in relation to those standards
- ensure that the trainee is receiving appropriate support and teaching

- have a good understanding of the RCGP portfolio and of what is acceptable progress
- review ePortfolio learning log entries and provide formative feedback for reflective practice and review the trainee's PDP
- assess formal evidence such as the clinical supervisor's review and patient and colleague feedback against the RCGP curriculum competencies
- meet the GP trainee every 6 months to review the evidence against the 13 areas of professional capabilities and make recommendations on training progress towards the CCT
- have an understanding of the relationship between WPBAs and the educational supervisor's ARCP report
- identify the initial steps in managing trainees with problems and signpost appropriate additional support and resources where necessary.

All supervisors undergo an annual appraisal, which includes an appropriate element of educational appraisal.

Formative assessment

Formative assessment is provided throughout the GP training programme by both clinical and educational supervisors. The RCGP ePortfolio provides evidence for review and feedback and is accessed by trainees, supervisors and assessors for ARCP.

Initial learning needs assessments are undertaken and recorded at the placement planning meeting, which is timetabled at the beginning of each new clinical attachment. This explores the learning outcomes and records them as a PDP for the specific clinical placement, but also aligns with the expansion of learning throughout training.

During clinical placements, the clinical supervisor provides formative assessment, both informally through feedback and formally using structured assessment tools, such as supervised learning events, consultation observation, mini-clinical examinations, problem and random case analysis, clinical audit and learning event analysis.

How training progress is assessed

The MRCGP is an integrated assessment system, success in which confirms that a doctor has satisfactorily completed specialty training for general practice and is competent to enter independent practice in the UK without further supervision. Satisfactory completion of the MRCGP is a prerequisite for the issue of a CCT and full membership of the RCGP.

The MRCGP comprises three separate components – an Applied Knowledge Test (AKT), a Clinical Skills Assessment (CSA) and Workplace-Based Assessment (WPBA) – each of which tests different capabilities using validated assessment methods and which together cover the spectrum of knowledge, skills, behaviours and attitudes defined by the GP specialty training curriculum.

The MRCGP complies with GMC standards on validity, reliability, feasibility, cost-effectiveness, opportunities for feedback and impact on learning. It also follows best practice in assessment, quality assurance and standard setting, as well as expectations about the currency of national professional examinations and the number of attempts permissible, as set out in relevant Academy of Medical Royal Colleges and GMC guidance. Annual reports with key information on MRCGP performance are available on the RCGP website.

Applied Knowledge Test

The AKT is a summative assessment of the knowledge base that underpins independent general practice in the UK within the context of the NHS. Trainees who pass this assessment will have demonstrated their capability in applying knowledge at a level that is sufficiently high for independent practice.

Clinical Skills Assessment

The CSA is a summative assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. Simulating a typical GP's work, the CSA assesses a range of scenarios from general practice that are relevant to most parts of the curriculum, which can also target particular aspects of clinical care and expertise.

Workplace-Based Assessment

The WPBA evaluates a trainee's progress in areas of professional practice best tested in the workplace and looks at the trainee's performance in his or her day-to-day practice to provide

evidence for learning and reflection based on real experiences. It supports and drives learning in important Areas of Capability, with an underlying theme of patient safety. Specific tools provide constructive feedback on areas of strength and developmental needs, identifying trainees who may be in difficulty and need more help. The WPBA plays an essential role in evaluating aspects of professional behaviour that are difficult to assess under the 'exam conditions' of the AKT and CSA. This helps to determine fitness to progress towards completion of training.

Evidence of WPBA, as approved by the GMC, includes the completion of specific assessments and reports and the documentation of naturally occurring evidence, as well as certain mandatory requirements such as capabilities in child safeguarding and basic life support.

All of the assessments completed in the workplace have a formative function, with trainees given instant feedback on their performance, and these all contribute to the decision about a trainee's progress.

Case-based Discussion

The Case-based Discussion (CbD) is a structured oral interview designed to assess your professional judgement in a clinical case. It assesses your performance against the capabilities and looks at how you made holistic, balanced and justifiable decisions in relation to patient care. It assesses your understanding and application of medical knowledge and ethical frameworks, your ability to prioritise and how you recognised and approached the complexity and uncertainty of the consultation.

Care Assessment Tool

This tool includes CbDs and it has been introduced for trainees in ST3. It allows you to demonstrate your performance in other activities, which can be assessed in your GP rotation. The Care Assessment Tool (CAT), like CbDs, assesses your abilities against the capabilities and feedback is given immediately. Examples of CATs include a case review, a review of referrals or a review of prescribing to follow up the prescribing assessment.

Clinical Evaluation Exercise

The Clinical Evaluation Exercise (miniCEX) assesses your clinical skills, attitudes and behaviours while consulting with patients. The assessments need to cover a range of different clinical problems. Your supervisor will observe your interaction with a patient and provide immediate feedback on your performance. This assessment is completed during your hospital placements and is replaced by the Consultation Observation Tool (COT) during your GP rotations.

Consultation Observation Tool, which includes Audio-COT

The COT which includes the Audio-COT assesses your consultations within theprimary care setting.
As with the miniCEX, it gives you an opportunity to demonstrate your performanceand competence in consulting and it assesses the clinical skills and professionalism necessary for good clinical care.
In addition, it includes your performance of the more holistic judgments needed to consult in general practice. Immediate feedback is provided on your performance. The COT assesses face to face consulting be that with patients in your consulting room or via video links, whilst the Audio-COT assesses your ability to consult on the telephone. Different assessment forms are used to reflect the different skills neededto carry out a consultation safely within these settings. It is recommended that your assessments cover both settings.

Multi-source Feedback tool

The Multi-source Feedback (MSF) tool is used to obtain your colleagues' opinions of your clinical performance and professional behaviour. The responses are amalgamated and allow you to reflect, evaluate and develop a learning plan if any issues arise.

Patient Satisfaction Questionnaire

The Patient Satisfaction Questionnaire (PSQ) asks your patients to assess your performance within the consultation. It provides feedback on your empathy and relationship-building skills. As with the MSF tool, you are required to reflect on the assessment and develop an action plan if any issues arise.

Clinical examination and procedural skills

The assessment of clinical examination and procedural skills (CEPS) is an assessment of your ability to perform examinations and procedures with patients and should cover the full range of examinations required in general practice. In addition, there are five specific GMC-mandated intimate examinations: breast, rectal, prostate and male and female genital examinations.

Leadership activity

Trainees need to complete a leadership activity while in GP training. This activity needs to demonstrate your organisational skills, your willingness to take responsibility for your

own decisions, team management and your understanding of health service management. Your activity needs to be presented to your team. MSF will need to be completed by your peers after the activity.

Quality improvement project

This activity is designed to assess your competence in your understanding and completion of a quality improvement project (QIP). You are assessed on your choice of project, how you effectively measured the data, your use of quality improvement methods, your suggestions for change, how you involved the team and your evaluation of any proposed changes and their impact.

Prescribing assessment

This assessment involves you self-assessing your prescribing against specific proficiencies that are felt to be essential for any trainee to achieve before finishing his or her training. You will review your prescriptions against six prescribing errors. Prior to the assessment your supervisor will also have reviewed your evaluation. Reflecting on errors identified in your prescribing, both during your assessment and through discussion with your supervisor, will enable a learning plan to be put in place in order to improve prescribing in the future.

Clinical Supervisor's Report

The Clinical Supervisor's Report (CSR) is a structured report of your clinical ability and gives you observational information on your performance. The GP capabilities are assessed and commented on by your supervisor. This report is completed by clinical supervisors in both hospital and non-primary care posts, as well as GP trainers in general practice.

Educational Supervisor's Review

The Educational Supervisor's Review (ESR) is a structured review of and judgement on your progression. You will need to complete a self-assessment of your progression against each of the capabilities. The supervisor equally rates these capabilities and, along with all of the available information within your ePortfolio, which includes assessments, naturally occurring evidence and reports, makes a global judgement on your progression. This feeds into the ARCP assessment (see Table 3), which all trainees are required to undergo on an annual basis.

	ST1		ST2		ST3	
	Old	New	Old	New	Old	New
Mini-CEX/COT from any setting: (face-to-face, telephone or video)	6	**4**	6	**4**	12	**7**
CBD/CAT	6	**4 Cbd**	6	**4 CbD**	12	**5 CAT**
MSF	2	**1 (with 10 responses)**	0	**1 (with 10 responses)**	2	**2 (1 MSF, 1 Leadership MSF)**
CSR	1 per post	**1 per post***	1 per post	**1 per post***	0	**1 per post***
PSQ	1 (in GP)	**0**	0	**0**	1	**1**
CEPS	Ongoing	**Ongoing**	Ongoing	**Ongoing**	Across 3 years 5 Intimate plus a range of others	**Across 3 years 5 Intimate plus a range of others**
Learning Logs	Many	**36 Case Reviews**	Many	**36 Case Reviews**	Many	**36 Case Reviews**
Placement Planning Meeting	Suggested	**1 per post**	Suggested	**1 per post**	Suggested	**1 per post**
QIP	0	**1 (in GP)**	0	**1 (in GP) –if not done in ST1**	0	**0**
Significant Event	–	**Only completed if reaches GMC threshold of potential or actual serious harm to patients**	–	**Only completed if reaches GMC threshold of potential or actual serious harm to patients**	–	**Only completed if reaches GMC threshold of potential or actual serious harm to patients**
Learning Event Analysis (LEA)	Several – previously called SEA	**1**	Several – previously called SEA	**1**	Several – previously called SEA	**1**
Prescribing Review	0	**0**	0	**0**	0	**1**
Leadership	0	**0**	0	**0**	0	**1**
Interim ESR	0	**1****	0	**1****	0	**1****
ESR	2	**1**	2	**1**	2	**1**

Table 3: Assessment numbers from August 2020

*CSR to be completed in a Primary care post if any of the following apply; the Clinical Supervisor in practice is a different person from the Educational Supervisor, the evidence in the ePortfolio does not give a full enough picture of the trainee and information in the CSR would provide this missing information and either the trainee or supervisor feel it is appropriate.
** The interim ESR review can be completed at the mid point of each year only if the trainee is progressing satisfactorily. If there are any concerns about the trainees performance or they have had an unsatisfactory outcome in their previous ARCP then the full ESR will be required.

Standard setting

In order to ensure that standards are set at appropriate and realistic levels, a patient representative, newly qualified GPs and representatives of bodies with a stake in the outcome of the MRCGP examination (including the training community) are invited to act as either judges or observers, as appropriate, in the standard-setting process.

Guidance for satisfactory progression at ARCP panels has been written by the Committee of General Practice Education Directors (COGPED) and is supported by the RCGP. This is available at www.rcgp.org.uk/training-exams/training/mrcgp-information-for-deaneries-supervisors-and-trainers.aspx (accessed April 2019).

Evidence of progression

The general practice training programme differs from other specialty training programmes because of the 3-year duration of the programme, much of which is delivered outside the general practice environment.

During training in ST1–3, the progress of the GP Specialty Trainee (GPST) is regularly monitored and guidance is provided on the anticipated trajectory. This is reviewed by the educational supervisor and assessed through the ARCP process, leading to a judgement on a trainee's progress during the time period under review. The GPST ePortfolio acts as a repository for evidence collected by a GPST to allow demonstration of this progression. It is also the source of the global evidence considered by the ARCP panel for the award of outcomes and to make a recommendation for a CCT.

The RCGP has developed comprehensive guidance on what evidence a GPST and his or her educational supervisor could provide to ensure satisfactory progress and ultimately capability for award of a CCT. Descriptors (known as 'word pictures') have been developed to provide guidance on the behaviours that a trainee is expected to develop to display the required level of capability for a CCT, including indicators of under-performance and indicators of excellence. These descriptors have been explicitly mapped to the generic professional capabilities and are included in the document under each Area of Capability.

The ARCP review at the end of the ST1 and ST2 years is the process by which judgements are made on the readiness of a trainee to progress within training (particularly at ST2 into ST3), but the only summatively assessed 'progression point' occurs at the end of ST3, prior to the award of a CCT. This requires completion of all of the required MRCGP assessments, a satisfactory educational supervisor's report and a satisfactory final ARCP review.

Progression points

The ESR rates trainees against the 13 capabilities, using the ratings of 'needing further development', 'competent for licensing' and 'excellent'.

Needing further development is subdivided into:

- below expectations
- meets expectations
- above expectations.

Trainees are not rated as competent until they are finishing training, so a trainee needing further development is not seen as someone who is failing but as someone who has not completed the GP training programme. Trainees who are rated as 'needing further development, below expectations' will raise concerns at their next ARCP panel, whereas trainees rated as 'needing further development, meeting or above expectations' do not raise concerns.

The progression points use the same terminology to support continuity.

The ST2 progression point is titled as 'needing further development' to recognise that trainees are still within the training programme. To progress, trainees need to be rated as needing further development at either the meeting or the above expectations level in their ESR.

The progression point for ST3 is titled as 'competent' as this relates to trainees finishing training and who have been assessed as competent for licensing and independent practice.

GPs in training (and their supervisors) receive structured feedback from a wide range of sources and using a range of methodologies during the GP training and assessment programme. This includes formative learning tools and reviews of learning log entries in the WPBA, PDP meetings and educational supervisor reviews. More details of these are given below.

During clinical placements, the clinical supervisor provides formative assessment and structured feedback, both informally and formally, using structured assessment tools such as CbD, COT, miniCEX, problem and random case analysis, clinical audit and significant/learning event analysis. Structured feedback is also received from patients and colleagues using tools including the MSF tool in ST1 and ST2 (and a new Leadership MSF in ST3) and the PSQ. The results of these are discussed with the trainee and inform the next PDP.

The requirements that must be met at the completion of the ST2 and ST3 stages of training are made explicit in the progression point descriptors.

Learning log

Log entries should be reflective, demonstrating personal insight into performance and learning from everyday experiences. A good, reflective log entry will show some evidence of critical thinking and analysis, self-awareness and openness and honesty about performance, along with some consideration of feelings, and, ultimately, evidence of learning, appropriately describing what needs to be learned, why and how.

Learning log entries are now linked in the ePortfolio to clinical evidence groups that map to the curriculum and the capabilities. Trainees reflect on the relevant group and capability within their entry. Educational supervisors can deselect either the group or the capability if they feel that it is inappropriate. Entries are 'shared' and can then be read and commented on by the clinical or educational supervisor. This is a powerful method of providing relevant and timely feedback on real learning in the workplace. These log entries also contribute to the evidence available to ARCP panels when they come to take a view on training progression.

The Personal Development Plan

The PDP area in the portfolio is designed to ensure that trainees are able to demonstrate that they can assess their learning needs, plan actions to meet these needs and review their achievement of these actions, with supporting evidence.

As part of the ESR process, in addition to completing the self-assessment section, trainees will be required to create at least one PDP to cover their next review period or post. The educational supervisor will review all PDPs created in the last review period and may help edit them to make them Specific, Measurable, Attainable, Realistic (and Relevant) and Time-bound, or advise trainees to add further entries to cover missed or future learning needs, if appropriate. PDPs should continue to be created throughout the training post, and progress on those created in the last review is assessed and recorded

Educational Supervisor's Review

The ESR provides feedback on overall progress and identifies areas where there is a need for more focused training. Reviews are informed by the evidence collected through the WPBA tools, along with 'naturally occurring evidence' from elsewhere in the Trainee ePortfolio (e.g. the learning log).

Trainees will meet their educational supervisor annually (currently every 6 months) to review the evidence collected against the 13 areas of professional capabilities. Trainees are required to complete a self-assessment prior to the meeting, which allows them to reflect on their progress against the expected progression in training and their needs for further

development. There are minimum standards setting out the amount of evidence required, and guidelines on how often each WPBA tool should be used, to ensure that there is sufficient evidence at the point of each 6-monthly review.

As part of this meeting, detailed feedback is provided based on the evidence for all competencies, and a learning plan covering the next review period is formulated. The educational supervisor also decides whether progress is satisfactory, unsatisfactory or needs to be referred to the ARCP panel.

The educational supervisor process and meeting will mirror the process used for post-CCT GPs. The trainee will be expected to propose PDP areas for the next 6 months (or year if they are approaching the CCT and their next appraisal will be as a qualified GP).

Annual Review of Competence Progression

Each trainee will have an ESR annually, which, through the ARCP process, leads to the annual review of their progression.

The way in which ARCP processes are organised may vary between deanery/local education training boards and regions, but the underlying principles are regulated by the *Gold Guide to Specialty Training* and are applied consistently. The trainee evidence is assessed by the educational supervisor, who makes a recommendation of either satisfactory or unsatisfactory progress in training. This evidence is reviewed by the ARCP panel and a statutory outcome provided. Any trainee who is deemed to be making unsatisfactory progress is offered a face-to-face interview and a remedial 'educational prescription' is recommended.

General Medical Council National Training Survey

All trainees and supervisors participate in the GMC National Training Survey (NTS). This provides feedback for supervisors and programme directors on the quality of their teaching and their training programmes.

In some areas, feedback is also obtained through an additional survey. For example, in England, Health Education England conduct a Job Evaluation Survey of Trainees (JEST) and, in Scotland, NHS Education for Scotland carries out the Scottish Trainee Survey (STS). These surveys provide similar data to the NTS but are more specifically targeted locally.

Examination feedback

All trainees who undertake MRCGP AKT and CSA examinations are provided with feedback on their performance to help them understand or interpret a pass/fail result and guide future learning. In response to requests from candidates and supervisors, and in compliance with Academy of Medical Royal Colleges standards, we detail the feedback through the ePortfolio. For the AKT, trainees receive a breakdown of their marks under the three broad categories of clinical medicine, evidence interpretation and organisational questions. For the CSA, this is done using a results grid. Trainees are shown marks for each domain (data gathering and interpretation; clinical management; interpersonal skills) within every case, including generic 'feedback statements' on failed domains that the examiner for a particular case has thought relevant to a candidate's performance.

Explanations of the feedback statements, with suggested learning strategies, can be seen in the ePortfolio. This feedback is intended for discussion with the educational supervisor or trainer, in the context of overall performance. CSA cases sample the curriculum but cannot cover every subject. This feedback relates only to the performance in those particular cases in the examination.

The RCGP keeps the issue of candidate feedback under constant review to try to make this as useful as possible to trainees and supervisors, while acknowledging the constraints imposed by a summative examination and the need for item and case confidentiality.

Curriculum and assessment blueprint

Every capability described in the curriculum is directly linked to one or more of the MRCGP assessments (see Table 4). You must pass these assessments to successfully complete GP specialty training and gain a CCT.

RCGP curriculum blueprint 2018										
Curriculum theme	Curriculum capabilities/ competences to be demonstrated before exit from training	WPBA							CSA	AKT
		CAT/ CBD	COT	CEX	CEPS	PSQ	MSF	CSR		
1. Knowing yourself and relating to other	**Fitness to practise**									
	Develop the attitudes and behaviours expected of a good doctor	●	●	●		●	●	●	●	●
	Manage the factors that influence your performance	●				●	●	●		
	Maintaining an ethical approach									
	Treat others fairly and with respect, acting without discrimination	●	●	●		●	●	●	●	
	Provide care with compassion and kindness	●	●	●		●	●	●	●	
	Communication and consultation									
	Establish an effective partnership with patients	●	●	●		●		●	●	
	Maintain a continuing relationship with patients, carers and families	●	●	●		●	●	●	●	
2. Applying clinical knowledge and skill	**Data gathering and interpretation**									
	Apply a structured approach to data gathering and investigation	●	●	●				●	●	●
	Interpret findings accurately to reach a diagnosis	●	●	●				●	●	●
	Demonstrate a proficient approach to clinical examination*		●		●			●	●	
	Clinical examination and procedural skills									
	2.3 Demonstrate a proficient approach to clinical examination*		●		●			●	●	
	2.4 Demonstrate a proficient approach to the performance of procedures*		●		●			●		
	Demonstrate a proficient approach to the perfomance of procedures*		●		●			●	●	

Table 4: RCGP Curriculum blueprint

RCGP curriculum blueprint 2018										
Curriculum theme	Curriculum capabilities/ competences to be demonstrated before exit from training	WPBA							CSA	AKT
		CAT/ CBD	COT	CEX	CEPS	PSQ	MSF	CSR		
2. Applying clinical knowledge and skill (continued)	**Making decisions**									
	Adopt appropriate decision-making principles	●	●	●			●	●	●	●
	Apply a scientific and evidence-based approach	●	●	●				●	●	●
	Clinical management									
	Provide general clinical care to patients of all ages and backgrounds	●	●	●		●	●	●	●	●
	Adopt a structured approach to clinical management	●	●	●		●	●	●	●	●
	Make appropriate use of other professionals and services	●	●					●	●	●
	Provide urgent care when needed	●		●			●	●	●	●
3. Managing complex and long-term care	**Managing medical complexity**									
	Enable people living with long-term conditions to improve their health	●	●	●		●	●	●	●	●
	Manage concurrent health problems in an individual patient	●	●	●				●	●	●
	Adopt safe and effective approaches for patients with complex health needs	●	●	●		●		●	●	
	Working with colleagues and in team									
	Work as an effective team member	●		●		●	●	●	●	
	Coordinate a team-based approach to the care of patients	●	●	●			●	●	●	

Table 4: RCGP Curriculum blueprint

RCGP curriculum blueprint 2018										
Curriculum theme	Curriculum capabilities/ competences to be demonstrated before exit from training	WPBA							CSA	AKT
		CAT/ CBD	COT	CEX	CEPS	PSQ	MSF	CSR		
4. Working well in organisations and systems of care	**Maintaining performance, learning and teaching**									
	Continuously evaluate and improve the care you provide	●				●	●	●		
	Adopt a safe and scientific approach to improve quality of care	●						●		●
	Support the education and development of colleagues	●					●	●		
	Organisational management and leadership									
	Apply leadership skills to help improve your organisation's performance	●					●	●		
	Develop the financial and business skills required for your role	●					●	●		●
	Make effective use of information management and communication systems	●	●	●		●	●	●	●	●
5. Caring for the whole person and wider community	**Practising holistically and promoting health**									
	Demonstrate the holistic mind-set of a generalist medical practitioner	●	●			●	●	●	●	
	Support people through individual experiences of health, illness and recovery	●	●			●		●	●	
	Community orientation									
	Understand the health service and your role within it	●	●				●	●	●	●
	Build relationships with the communities with which you work	●				●	●	●		

Table 4: RCGP Curriculum blueprint

Flexibility and interdependency with curricula of other specialties and professions

Accreditation of Transferable Competences Framework

The Academy of Medical Royal Colleges has developed the Accreditation of Transferable Competences Framework (ATCF) to assist trainee doctors in transferring the competences achieved in one training programme to another, where this is both appropriate and valid.

Many of the core capabilities and competences are common across curricula. When using the ATCF, a doctor can be accredited for relevant competences acquired during previous training. This will usually allow a reduction of 6 months in training time for doctors who decide to change to GP training after completing a part of another training programme. In very exceptional circumstances this could be increased to 12 months.

The ATCF applies only to those moving between periods of GMC-approved training. It is aimed at the early years of training. To qualify for the ATCF, doctors must have completed at least 1 year of training in their original specialty. The reduction in GP training time to be recognised within the ATCF is subject to review at the first ARCP in the GP training programme. All doctors achieving a CCT will have gained all of the required competences outlined in the RCGP curriculum.

From August 2015, the RCGP has accepted accredited transferable competences from the following GMC-approved curriculum and assessment programmes:

- Acute Common Care Stem (ACCS) programmes
- Anaesthetics (CCT programme in Anaesthetics and ACCS)
- Emergency Medicine (ACCS and ST1–3)
- General (Internal) Medicine (Core Medical Training programme)
- General Psychiatry (Core Training in Psychiatry programme)
- Obstetrics and Gynaecology (CCT programme in Obstetrics and Gynaecology)
- Paediatrics (CCT programme in Paediatrics).

For details of the ATCF process and a map of the transferable competences please refer to the detailed guidance on the RCGP and GMC websites. The ultimate decision on approval will rest with HEE, NES, NIMDTA, and HEIW.

Shared capabilities in a multiprofessional workforce

Primary care is dependent on close cooperation and working relationships across a broad range of professions. The RCGP curriculum has been compared with the capabilities included in the curricula for clinical pharmacists, and general practice nursing[10] and clinical pharmacists.[11] The common Areas of Capability included:

- knowing yourself and relating to others
- managing complex and long-term care
- working well in organisations and systems of care
- caring for the whole person and wider community.

As expected, the main differences occurred in the capability of applying clinical knowledge and skills, specifically data gathering, clinical examination, procedural skills, clinical management and urgent care.

Content of learning

Understanding the language of the curriculum

The following sections illustrate how the specific capabilities in the RCGP curriculum are broken down into more specific professional tasks and learning outcomes (detailed items of knowledge and skill). These map directly to the GMC's generic professional capabilities,[12] which apply to all medical specialty training programmes. Relevant MRCGP assessments are shown for each of these capabilities and further information sources are also provided.

The core capabilities in this document have been written as outcomes of training, in other words a statement describing the knowledge, skills and behaviours that should be demonstrated by a GP on completion of training. Their wording has been standardised according to the glossary in Table 3.

Level of complexity	Description	Verbs used in the curriculum learning outcomes
Recall or respond	The ability to recall previously presented information and/or comply with a given expectation	Accept, define, describe, follow, record
Comprehend	The ability to grasp the meaning of information in a defined context	Acknowledge, appreciate, clarify, identify, recognise
Apply	The ability to use rules and principles to apply knowledge in a defined context and/or display behaviour consistent with an expected belief or attitude	Adopt, apply, communicate, contribute, demonstrate, implement, measure, obtain, participate, use
Evaluate	The ability to analyse and judge information for a defined purpose and/or justify decisions or a course of action	Analyse, appraise, compare, differentiate, discuss, evaluate, explore, interpret, justify, monitor, reflect on, review
Integrate	The ability to bring information together to demonstrate a deeper understanding and/or demonstrate behaviour consistent with the internalisation of professional values	Advocate, challenge, commit to, create, deliver, develop, enhance, facilitate, integrate, lead, manage, organise, plan, prioritise, promote, provide, respect, tailor, value

Table 5: Taxonomy of terms used in the RCGP curriculum learning outcomes

Modified from principles in Anderson LW, Krathwohl (eds). A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives. New York: Longman, 2001.

When the term ‘appropriate’ is used to describe an action, this means one that is evidence based, safe, cost-effective and in keeping with your clinical judgement, as well as the patient’s situation and preferences.

Area of capability: knowing yourself and relating to others

The development of professional expertise throughout training is underpinned by your ability to understand yourself and to relate successfully to other people. This capability builds throughout the training programme and develops in sophistication and breadth over time. It often begins with developing a deeper understanding of the professional self, through reflective practice. It then expands to incorporate relationships within multidisciplinary teams and, ultimately, the wider healthcare system.

Fitness to practise

This specific capability concerns your development of professional values, behaviours and personal resilience and preparation for revalidation. It includes having insight into when your own performance, conduct or health, or that of others, might put patients at risk, as well as taking action to protect patients.

Develop the attitudes and behaviours expected of a good doctor

Learning outcomes:

- Follow the duties, principles and responsibilities expected of every doctor, as set out in the GMC’s Good Medical Practice guidance
- Demonstrate compliance with accepted codes of professional practice, showing awareness of your own values and attitudes and how these affect your behaviour
- Apply the relevant ethical, financial, legal and regulatory frameworks within which you provide healthcare, both at practice level and in the wider NHS
- Continuously evaluate the care you provide, encouraging scrutiny and being able to justify your actions to patients, colleagues and professional bodies

- Demonstrate an approach that shows curiosity, diligence and caring in your encounters with patients and carers
- Recognise the limits of your own abilities and expertise as a GP
- Regularly obtain and review feedback on your performance from a variety of sources
- Adopt a self-directed approach to learning, engaging with agreed processes for assessment (and for continuing professional development, appraisal and revalidation)
- Apply and revisit the outcomes described in this curriculum throughout your career to maintain and develop your generalist expertise

Manage the factors that influence your performance

Learning outcomes:

- Comply with professional demands while showing awareness of the importance of addressing personal needs, achieving a balance that meets your professional obligations and preserves your resilience and health
- Anticipate and manage the factors in your work, home and wider environment that influence your day-to-day performance, including your ability to perform under pressure, and seek to minimise any adverse effects
- Attend to any physical or mental illness or habit that might interfere with the safe delivery of patient care, obtaining support and advice from others as required
- Request appropriate support and engage with remedial action whenever your personal performance becomes an issue
- Promote an organisational culture in which your health and resilience, as well as those of colleagues and staff, are valued and supported
- Provide support and constructive feedback to colleagues who have made mistakes or whose performance gives cause for concern
- Take appropriate action whenever you become aware of any poor or unsafe practice, even if this involves raising concerns about senior colleagues or 'whistleblowing'

Progression point descriptors

FITNESS TO PRACTISE				
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**
Fails to respect the requirements of organisations e.g. Meeting deadlines, producing documentation, observing contractual obligations	Complies with statutory professional responsibilities	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.
Has repeated unexplained or unplanned absence from professional commitments	Fulfils contractual requirements of professional practice and training	Awareness that physical or mental illness, or personal habits, might interfere with the competent delivery of patient care.	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.
Prioritises their own interests above those of patients	Monitors performance and demonstrates insight into personal needs	Identifies and notifies an appropriate person when their own or a colleague's performance, conduct or health might be putting others at risk.	Takes effective steps to address any personal health issue or habit that is impacting on their performance as a doctor.	Takes a proactive approach to promote personal health.
Fails to cope appropriately with pressure e.g. dealing with stress or managing time	Demonstrates awareness of the needs of colleagues	Responds to complaints or performance issues appropriately.	Demonstrates insight into any personal health issues.	Encourages an organisational culture in which the health of its members is valued and supported.
Is the subject of multiple complaints	Follows appropriate processes to monitor professional practice		Reacts promptly, discreetly and impartially when there are concerns about self or colleagues.	Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern.
			Takes advice from appropriate people and, if necessary, engages in a referral procedure.	Actively seeks to anticipate and rectify where systems and practice may require improvement in order to improve patient care.
			Uses mechanisms to reflect on and learn from complaints or performance issues in order to improve patient care.	

Maintaining an ethical approach

This area addresses the importance of practising ethically, with integrity and a respect for diversity.

There will be cultural (including religious) differences between you and many of your patients. Your own values, attitudes and feelings are important determinants of how you practise medicine.[14] This is especially true in general practice, where you as a doctor will be involved as a person in a one-to-one and continuing relationship with your patient, not merely as a medical provider.

As a GP, you should aim to understand and learn to use your own attitudes, strengths and weaknesses, values and beliefs in a partnership with your individual patients. This requires a reflective approach and the development of insight and an awareness of self. Being honest and realistic about your own abilities, strengths, weaknesses and priorities will help you in dealing with your patients and their problems.

Treat others fairly and with respect, acting without discrimination

Learning outcomes:

- Demonstrate a non-judgemental approach in your dealings with patients, carers, colleagues and others, respecting the rights and personal dignity of others and valuing diversity
- Recognise and take action to address prejudice, oppression and unfair discrimination in yourself and others and within teams and systems
- Compare and justify your views with others by discussing them openly with colleagues, and also with patients if appropriate, seeking their feedback and reflecting on how your values differ from those of other individuals or groups
- Actively promote equality of opportunity for patients to access healthcare and for individuals to achieve their potential
- Identify and discuss ethical conflicts in clinical practice and manage the conflicts arising within your roles as a clinician, a patient advocate and a leader in the health service
- Anticipate and manage situations in which your personal and professional interests might be brought into conflict
- Contribute to a clinical and working environment where everyone is encouraged to participate and alternative views are considered seriously
- Take appropriate action when you become aware of people acting in an abusive, bullying or intolerant manner

Provide care with compassion and kindness

Learning outcomes:

- Demonstrate that you relate to people as individuals and challenge attitudes that de-humanise or stereotype others (such as referring to a patient by a disease or characteristic, rather than by name)
- Identify how differences between doctors and patients (e.g. social, cultural or educational) may influence the development of therapeutic relationships
- Take steps to enhance patient understanding when there are communication or cultural barriers that may be limiting a patient's ability to make an informed decision or to report concerns about the service that you and your team provide
- Record, share and receive information in an open, honest, sensitive and unbiased manner
- Recognise that your duty of concern for your patients extends beyond your immediate team and spans across organisations and services (e.g. when safeguarding children, caring for vulnerable adults or addressing unsafe services)
- Apologise openly and honestly to a patient for any failure as soon as it is recognised, explaining the local complaints procedure if appropriate
- Respond to complaints in a timely and appropriate manner, recognising your duty of candour to patients, carers and families

Progression point descriptors

MAINTAINING AN ETHICAL APPROACH				
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**
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	Actively applies principles of Good Medical Practice to their work	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	Complies with public sector duty to uphold the principles of equality, diversity, and inclusion	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.	Understands the ethical principles of professional practice	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 practice	Seeks to understand the patient's viewpoint and their cultural background	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

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

McWhinney identified three central elements of family practice: committing to the person rather than to a particular body of knowledge; seeking to understand the context of the illness; and attaching importance to the subjective aspects of medicine.[15] A person-centred approach is about more than the way you act: it is about the way you think. It means always seeing the patient as a unique person in a unique context and taking into account patient preferences and expectations at every step in a patient-centred consultation.[16] Sharing the management of problems with your patients and, if appropriate, addressing any disagreement over how to use limited resources in a fair manner may raise ethical issues that challenge the doctor. Your ability to resolve these issues without damaging the doctor–patient relationship is all important.

Partnership in the context of the doctor–patient relationship means a relationship based on participation and patient responsiveness, avoiding paternalism and dominance.[17] Patient-reported quality of primary care and satisfaction with care are strongly linked with the person-focused model, and confirm its value.[18] Person-centred care places great emphasis on the continuity of the relationship process.

Establish an effective partnership with patients

Learning outcomes:

- Adopt a person-centred approach in dealing with patients and their problems, in the context of their circumstances
- Use the general practice consultation to bring about an effective and collaborative doctor–patient relationship, with respect for your patient's autonomy, by:
  - adopting a patient-centred consultation model that explores the patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future
  - being aware of subjectivity in the medical relationship, from both the patient's side (feelings, values and preferences) and your side (self-awareness of values, attitudes and feelings)
  - communicating findings in a comprehensible way, helping patients to reflect on their own concepts and finding common ground for further decision-making
  - making decisions that respect each patient's autonomy
  - incorporating the patient's perspective when negotiating the management plan
  - flexibly and efficiently achieving consultation tasks in the context of limited time or challenging circumstances (e.g. with distressed patients or carers)
  - providing explanations that are relevant and understandable to patients and carers, using language appropriate to a patient's understanding
  - exploring the patient's and carer's understanding of what has taken place in the consultation
- Manage the additional challenge of consultations with patients who have different languages, cultures, beliefs and educational backgrounds to your own by:
  - providing easy access to professional interpreters when required, being aware of their role in the consultation and using a variety of communication techniques and materials to adapt explanations to the needs of the patient and carer
  - enhancing health literacy in patients from a range of backgrounds, by providing tailored information, facilitating communication and checking understanding as appropriate
  - developing a range of communication skills that can be tailored to each patient's age, individual needs and preferences and adapted to the clinical context (e.g. when immediate action is needed), using time effectively within the consultation

– integrating the patient's and doctor's agenda effectively into the consultation, enabling patients to reflect on their own concepts of health, to assist in shared decision-making and to manage self-care

Maintain a continuing relationship with patients, carers and families

Learning outcomes:

- Recognise the value that many patients, carers and families place on a trusted long-term relationship with 'their' doctor, using the consultation as a means to improve access to care and enhance continuity of care
- Manage an appropriate emotional proximity to your patients, taking action to re-establish professional boundaries when required
- Manage the effects of a complaint against you or your team, taking steps to facilitate a positive response and ensuring that the ongoing care of the patient is not compromised
- Demonstrate the skills and behaviours required to negotiate long-term priorities and plans in partnership with patients, negotiating a mutually acceptable plan that respects autonomy and preference for involvement
- Adopt counselling, motivational and behaviour change techniques when appropriate, prompting patients to reflect on the benefits of lifestyle change and supporting them to improve their health and self-care
- Develop the skills to involve carers, relatives, friends and other professionals in shared care planning when appropriate, negotiating how to do this while also preserving the patient's rights to autonomy and privacy
- Produce management plans that are appropriate to the patient's problems and personal circumstances
- Recognise when patients may need, or choose, to delegate their decision-making autonomy to others, including when a mental capacity assessment may be required
- Demonstrate the ability to test mental capacity for specific decisions, in accordance with the legislation
- Regularly obtain, record and share relevant information about a patient's care, such as care plans, advance directives and 'do not resuscitate' decisions

Progression point descriptors

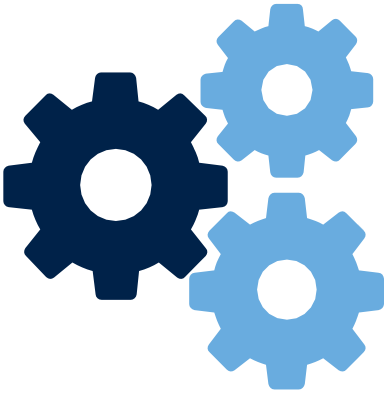
COMMUNICATION AND CONSULTATION				
Generic Professional Capabilities: Professional Skills **MRCGP assessments: CSA, WPBA (CbD, CAT, COT, miniCEX, QIP, Leadership, PSQ, MSF, CSR)**				
Insufficient evidence - From the available evidence, the doctor's performance cannot be placed on a higher point of this 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	Develops a relationship with the patient, which works, but is focussed on the problem rather than the patient.	Adopts a personalised approac care	Explores and responds to the patient's agenda, health beliefs and preferences.	Incorporates the patient's perspective and context when negotiating the management plan.
Makes inappropriate assumptions about the patient's agenda	Uses a rigid or formulaic approach to achieve the main tasks of the consultation.	Understands the need for effective consulting and developing an awareness of the wide range of consultation models that might be used.	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.	Appropriately uses advanced consultation skills, such as confrontation or catharsis, to achieve better patient outcomes.
Misses / ignores significant cues	The use of language is technically correct but not well adapted to the needs and characteristics of the patient.	Communicates in a way that seeks to establish mutual understanding	Elicits psychological and social information to place the patient's problem in context.	Employs a full range of fluent communication skills, both verbal and non-verbal, including active listening skills.
Does not give space and time to the patient when this is needed	Provides explanations that are medically correct but doctor-centred.	Can describe and explain a clear and appropriate management plan to the patient	Achieves the tasks of the consultation, responding to the preferences of the patient in an efficient manner.	Uses a variety of communication techniques and materials (e.g. written or electronic) 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	Communicates management plans but without negotiating with, or involving, the patient.	Understands the benefits of a constructive and flexible approach to consulting	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.	Whenever possible, adopts plans that respect the patient's autonomy.
Is unable to consult within time scales that are appropriate to the stage of training	Consults to an acceptable standard but lacks focus and requires longer consulting times.	Takes steps to address barriers to communication	Uses the patient's understanding to help improve the explanation offered.	When there is a difference of opinion the patient's autonomy is respected and a positive relationship is maintained.
Uses stock phrases/ inappropriate medical jargon rather than tailoring the language to the patients needs and context		Aware of when there is a language barrier and can access interpreters either in person or telephone.	Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.	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.
The approach is inappropriately doctor-centred			Consults in an organised and structured way, achieving the main tasks of the consultation in a timely manner.	Uses a variety of techniques that demonstrates respect for, and values, diversity.
			Manages consultations effectively with patients who have different languages, cultures, beliefs and educational backgrounds.	

Area of capability

applying clinical knowledge and skill

Particularly in the earlier stages of training (e.g. ST1 and ST2), which are predominantly spent in secondary care environments, your training will focus on building the broad base of clinical knowledge and skills needed for generalist medical practice. This will include skills in first-contact patient care (e.g. the assessment, diagnosis, investigation, treatment and/or referral of acutely ill patients) and the medical management of common and important long-term conditions in which the GP plays a significant role (e.g. cardiovascular, metabolic and respiratory diseases in adults and common child health and mental health problems).

Early experience of the general practice environment will enable you to gain insight into the mindset, approaches and values that underpin community-based generalist practice and will make your subsequent training experiences more effective (particularly if you have limited experience of UK general practice). This will help you to demonstrate how care is applied and enhanced through an integrated and multiprofessional approach and enable you to make more effective use of the wider health and social care resources available to patients and families.



Data gathering and interpretation

This is about interpreting the patient's narrative, clinical record and biographical data, investigations and examination findings.

Apply a structured approach to data gathering and investigation

Learning outcomes:

- Selectively gather and interpret information from the patient's history, physical examination and investigations and use this to develop an appropriate management plan in collaboration with the patient, by:
  - making appropriate use of existing information about the problem and the patient's context
  - knowing the relevant questions to ask based on the patient's history and items of the physical examination that are relevant to the problem presented
  - recognising and interpreting relevant information from a wide range of sources, including the patient narrative and context, information from carers and professionals, physical examination findings, records, clinical procedures, laboratory data and ancillary tests
  - recognising when a particular examination or investigation will be beyond your ability (such as by reason of a personal physical disability) and ensuring that the patient has access to these interventions in a timely manner to enable the development of an appropriate management plan
- Tailor your approaches to the contexts in which you work, considering factors such as the accessibility of additional sources of information and the cost-effectiveness and predictive value of investigations
- Apply techniques that enable you to examine and investigate incrementally, monitoring and reviewing the patient as needed to preserve safety, allowing diagnostic information to be integrated over time. This may include making a conscious decision with the patient to not undertake further investigations, when this is clinically appropriate
- Enhance your clinical decision-making through effective and timely record-keeping, information sharing, data management and monitoring of care

Interpret findings accurately to reach a diagnosis

Learning outcomes:

- Demonstrate proficiency in interpreting the patterns of symptoms, signs and other findings that, in a non-selected population, may signify potentially significant health conditions requiring further investigation or action
- Discuss how the predictive value of symptoms, signs and investigations varies according to the features of your local population and apply this knowledge to your decision-making
- Recognise 'red flags' and other indicators of high risk, responding promptly and effectively when these occur
- Demonstrate proficiency in identifying the self-limiting health conditions that commonly present in an unselected population
- Identify the mechanisms through which apparently simple health problems become chronic, complex and severe (known as 'yellow flags')

Progression point descriptors

DATA GATHERING AND INTERPRETATION				
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**
Has an approach which is disorganised, chaotic, inflexible or inefficient	Accumulates information in a formulaic way covering more than is required for the patient problem	Accumulates information from the patient that is mainly relevant to their problem.	Systematically gathers information, using questions appropriately targeted to the problem without affecting patient safety.	Expertly identifies the nature and scope of enquiry needed to investigate the problem, or multiple problems, within a short time-frame.
Does not use significant data as a prompt to gather further information	Is aware of information in the patients notes that may be relevant	Uses existing information in the patient records.	Understands the importance of, and makes appropriate use of, existing information about the problem and the patient's context.	Prioritises problems in a way that enhances patient satisfaction.
Does not look for red flags appropriately	Employs examinations and investigations but not specifically focused to the patient's problem	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.
Fails to identify normality	Identifies abnormal findings and results.	Has appropriate level of knowledge of clinical norms, measurements and investigations and is aware of how these relate to the patient's conditions	Understands the significance and implications of findings and results and takes appropriate action.	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
Examination technique is poor Fails to identify significant physical or psychological signs		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	

Clinical examination and procedural skills (CEPS)

This is the appropriate use of and proficient approach to clinical examination and procedural skills.

Demonstrate a proficient approach to clinical examination

Learning outcomes:

- Demonstrate proficiency at performing the scope of examinations necessary to assess, diagnose and monitor the patient's condition within a general practice or home setting (or recognise when an examination may be required but is beyond your physical ability to perform, such as by reason of your own disability, ensuring that the patient has timely and appropriate access to alternative arrangements)
- Adopt a targeted and systematic approach to clinical examination, recognising normal and abnormal findings and tailoring further examinations accordingly
- Recognise that a different range of examinations may be perceived as intimate by each patient, depending on individual and cultural factors
- Demonstrate communication techniques that ensure that the patient understands the purpose of the examination, what will happen and the role of the chaperone
- Identify cultural and ethical issues relating to examinations (such as the removal of clothing) and discuss these sensitively with the patient as appropriate
- Provide an opportunity for the patient to give or decline consent, responding non-judgementally if consent is declined
- Organise the place of examination to provide the patient with privacy and to respect his or her dignity, arranging for a suitable chaperone when one is requested
- Perform and accurately interpret focused examinations in challenging circumstances (e.g. during home visits, in emergencies or when negotiating cultural issues)
- Perform clinical examinations and investigations that are in line with the patient's problem, identifying abnormal findings and incorporating relevant results
- Explain the findings meaningfully and sensitively to the patient

Demonstrate a proficient approach to the performance of procedures

Learning outcomes:

- Communicate the purpose, benefits and risks of a procedure in a meaningful way, giving evidence-based information, checking understanding and obtaining informed consent before proceeding
- Demonstrate the ability to perform a variety of procedures according to your training, working circumstances and physical capability and the patient's preferences
- Communicate throughout a procedure to put the patient at ease, monitor his or her condition, minimise discomfort and ensure that he or she is willing for you to continue
- Use equipment safely and effectively and in accordance with best practice guidelines
- Comply with medico-legal requirements, such as the recording of consent, mental capacity and the involvement of carers and next of kin when appropriate
- Follow infection control measures whenever applicable
- Demonstrate appropriate onward referral for a procedure when this falls outside your area of competence or physical capability
- Arrange aftercare and follow-up as appropriate
- Evaluate the outcomes of your procedures by maintaining a log and auditing the outcomes, discussing adverse incidents with your team and responding promptly to any safety issues

Progression point descriptors

CLINICAL EXAMINATION AND PROCEDURAL SKILLS				
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**
Patient shows no understanding as to the purpose of the examination	Chooses examination with a clinically justifiable reason in line with the patient's problem(s).	Undertakes examination when appropriate and demonstrates all the basic examination skills needed as a GP	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).
Fails to examine when the history suggests conditions that might be confirmed or excluded by examination	Examination is carried out sensitively and without causing the patient harm	Identifies abnormal signs	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.
Inappropriate over-examination	Elicits relevant clinical signs	Suggests appropriate procedures related to the patient's problem(s).	Varies procedures options according to circumstances and the preferences of the patient.	Demonstrates a wide range of procedural skills to a high standard.
Fails to obtain informed consent for the procedure	Shows awareness of personal limitations and boundaries in clinical examination	Performs procedures and examinations with the patient's consent with a more focused approach.	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.
Patient appears unnecessarily upset by the examination	Observes the professional codes of practice including the use of chaperones.		Recognises and acknowledges the patient's concerns before and during the examination and puts them at ease	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
	Arranges the place of examination to give the patient privacy and respect their dignity		Shows awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient.	Is able to help the patient accept and feel safe during the examination
	Demonstrates understanding of issues of consent			Helps to develop systems that reduce risk in clinical examination and procedural skills.

Making decisions

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

Decision-making in general practice is highly context specific. The skills you require relate to the context in which you encounter problems, as well as the natural history and time course of the problems themselves. They are also dependent on the personal characteristics of your patients, your own characteristics as a doctor in managing them, and the resources you have at your disposal.

Focusing on problem-solving is a crucial part of your GP training because family doctors need to adopt a problem-based approach rather than a disease-based approach. As most learning occurs in secondary care environments, you may find it hard to adjust to the differences in problem-solving between general practice and hospital work. These differences have been described in the following terms: 'When solving problems, GPs have to tolerate uncertainty, explore probability and marginalise danger, whereas hospital specialists have to reduce uncertainty, explore possibility and marginalise error.'[19] Although this polarises these two situations, it provides some useful pointers on how differences in approach can arise in specific clinical contexts.

Adopt appropriate decision-making principles

Learning outcomes:

- Apply rules or plans and use decision aids (such as algorithms and risk calculators) where appropriate for straightforward clinical decisions
- Use an analytical approach to novel situations in which rules cannot be readily applied, developing your decision-making by forming and testing hypotheses
- Use an understanding of probability, based on the prevalence, incidence, natural history and time course of illness, to aid your decision-making
- Address problems that present early and in an undifferentiated way by integrating available information to make your best assessment of risk to the patient, recognising when to act and when to defer a decision if safe and appropriate to do so
- Recognise the inevitable uncertainty in general practice problem-solving, sharing uncertainty with the patient where appropriate
- Revise hypotheses in the light of new or additional information, incorporating advice from colleagues and experts as needed
- Develop skills in the rapid decision-making required for managing urgent, unfamiliar, unpredictable and other high-risk clinical situations

Apply a scientific and evidence-based approach

Learning outcomes:

- Throughout your career, develop and maintain a sufficiently broad and detailed knowledge of the science relevant to your role. This includes (but is not limited to) elements of:
  - epidemiology and the determinants of health and ill health
  - pathology, natural history of disease and prognosis
  - therapeutics, pharmacology and non-drug therapies
  - evidence-based practice, research methodology, statistics and critical appraisal
  - health promotion, preventative healthcare and harm reduction
  - consultation and communication theory
  - adult educational and reflective learning theory
  - decision-making, reasoning and problem-solving theory
  - health economics, financing, commissioning and service design
  - leadership, management and quality improvement science
- Use the best available evidence in your decision-making, applying critical thinking to appraise the literature, recognising the strengths and limitations of evidence-based guidelines
- Apply knowledge of the epidemiology of disease to your decision-making, including the age/sex distribution, risk factors, prevalence, incidence and the relevant characteristics of 'at-risk' groups
- Integrate evidence-based and scientific approaches with patient-centred and shared care – planning approaches to inform judgements on when to initiate, review or discontinue therapeutic interventions
- Identify gaps in current evidence and contribute to recommendations for future research

Progression point descriptors

MAKING A DIAGNOSIS / DECISIONS				
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**
Is indecisive, illogical or incorrect in decision-making	Demonstrates an appropriate level of clinical knowledge and skills for formulating a diagnosis giving a very broad range	Generates an adequate differential diagnosis based on the information available.	Makes diagnoses in a structured way using a problem-solving method.	Uses pattern recognition to identify diagnoses quickly, safely and reliably.
Fails to consider serious possibilities	Identifies possible alternative diagnoses but does not filter based on probability	Generates and tests appropriate hypotheses.	Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.	Remains aware of the limitations of pattern recognition and when to revert to an analytical approach.
Is dogmatic / closed to other ideas	Makes decisions by applying rules, plans or protocols.	Justifies chosen options with evidence	Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis.	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.
Too frequently has late or missed Diagnoses	Aware of personal limitations in knowledge and experience	Is starting to develop independent skills in decision-making and uses the support of others to confirm that these are correct.	Revises hypotheses in the light of additional information.	Continues to reflect appropriately on difficult decisions. Develops mechanisms to be comfortable with these choices
			Thinks flexibly around problems generating functional solutions.	
			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.	

Clinical management

This area concerns the recognition and management of common medical conditions encountered in generalist medical care, safe prescribing and approaches to the management of medicines.

Work as a GP is primarily focused on individuals with a complex mix of problems. A key issue in the management of complex problems is that of coexisting chronic diseases, known as multimorbidity. The vast majority of chronic disease management rests with general practice (with 90% of NHS contacts occurring here) and facilitating and managing this process is a challenge that must be mastered. This may include educating patients and carers on how to use services most appropriately.

Provide general clinical care to patients of all ages and backgrounds

Learning outcomes:

- Develop the knowledge and skills required to provide general medical care in the community setting to patients of all backgrounds. This includes the appropriate provision of:
  - a primary point of contact for people of all ages with unselected health problems
  - care for people with self-limiting conditions and ailments
  - care for people with chronic illnesses and long-term conditions
  - urgent, unscheduled and emergency care
  - health promotion and preventative care
- Develop the knowledge and skills required to provide high-quality, holistic and comprehensive care to groups of patients who may have health and care needs that require you to adapt your clinical approach. Such groups include (but are not limited to):
  - infants, children and young people
  - people with mental health problems
  - acutely ill people
  - pregnant women, perinatal women and new parents
  - people with intellectual, physical or sensory disabilities
  - people with addictions
  - gay, lesbian and transgender people

  - migrants, refugees and asylum seekers
  - the elderly and those with multimorbidity
  - people nearing the end of life
  - people of different ethnicities and cultures
- Develop the knowledge and skills required to coordinate care for patients of all ages and backgrounds. This includes:
  - shared care planning
  - care of long-term conditions
  - treatment monitoring and surveillance
  - curative and survivorship care for people with cancer and other serious or life-changing illnesses
  - recovery and rehabilitation care
  - community-based palliative and end-of-life care

Adopt a structured approach to clinical management

Learning outcomes:

- Develop and implement appropriate management plans for the full range of health conditions that you are likely to encounter in the community, by:
  - considering the likely causes, natural histories, trajectories and impacts of the patient's health problems
  - differentiating between self-limiting and other conditions, encouraging appropriate self-care and reducing inappropriate medicalisation
  - integrating non-drug approaches into treatment plans, such as psychological therapies, physical therapies and surgical interventions
  - offering appropriate evidence-based management options, varying these responsively according to the circumstances, priorities and preferences of those involved
  - monitoring the patient's progress to identify quickly unexpected deviations from the anticipated path

- Demonstrate safe and appropriate prescribing, repeat prescribing, medication review and medication management in the community context, by:
  - making safe and appropriate prescribing decisions
  - routinely using recognised sources of drug information, checking on interactions and side effects and following organisational guidance
  - prescribing cost-effectively and being able to justify your decision when you do not follow this principle
  - seeking advice on prescribing when appropriate
- Give appropriate 'safety-netting advice' on what features the patient should look out for to reduce risk, checking the patient's and carer's understanding of when to seek further medical help and how they should do this
- Implement adequate follow-up arrangements (e.g. to facilitate the early diagnosis of evolving problems, assess response to treatment, provide safe monitoring and learn from the outcomes of interventions)
- Contribute to an organisational and professional approach that facilitates continuity of care (e.g. through adequate record-keeping and building long-term patient relationships)

Make appropriate use of other professionals and services

As a GP, this means that you should:

- Refer appropriately to other professionals and services, by:
  - considering alternatives to formal referral where appropriate (e.g. email advice systems)
  - predicting sources of delay and taking steps to avoid these where appropriate (e.g. by organising investigations in advance, so that the results are available to your colleagues)
  - writing referral letters that provide relevant information and explaining the reason for referral
  - using the appropriate referral system to avoid unnecessary delays for the patient
  - acting as an advocate for the patient and his or her carers as he or she navigates the health and care system
  - providing ongoing continuity of care for the patient while they wait for their specialist appointment, reviewing progress at suitable intervals
- Organise the follow-up of your patients after referral through multiprofessional, team-based and structured approaches, including monitoring, reviewing and regular care planning

Provide urgent care when needed

Learning outcomes:

- Recognise that responding to unscheduled requests for urgent care is a core part of a GP's role as a front-line practitioner
- Respond rapidly, skillfully and safely to emergencies
- Ensure that emergency care is coordinated with other members of the practice team and emergency services, giving due regard to the safety of yourself, other patients and staff
- Develop and maintain skills in basic life support and the use of an automated defibrillator, plus any other emergency procedures specifically required in your working environment
- Follow up patients who have experienced a medical emergency or serious illness appropriately, also considering the needs of their carers and family

Progression point descriptors

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

Area of capability
managing complex and long-term care

As your training and experience develops, you will be expected to demonstrate how the familiar medical care approaches learned in earlier training are enhanced by developing a greater expertise in generalist medical care.

In particular, modern generalist medical care will require you to develop the capability to manage an increasingly complex population of patients with multiple and complex health-related problems that interact and vary over time. This requires the ability to manage uncertainty, deal with polypharmacy and lead, organise and integrate a complex suite of care at the individual, practice and system level.

Managing medical complexity

This area is about aspects of care beyond managing straightforward problems. It includes multiprofessional management of comorbidity and polypharmacy, as well as management of uncertainty and risk. It also covers appropriate referral, the planning and organising of complex care, and promoting recovery and rehabilitation.

As a GP you need to address multiple complaints and comorbidity in the patients you care for. You must also provide and coordinate all aspects of health promotion and disease prevention. You must do this both opportunistically and as part of a structured approach, using other professionals in your primary care team where appropriate. You will also need to work with your patients in their rehabilitation and safe return to work using other occupational support services, bearing in mind the potential impact of a patient's work on the progress of and recovery from a health condition.

When patients seek medical assistance, they are usually aware that they have become ill but may not be able to differentiate between the different conditions they may have and the significance of each on their quality of life. As a family doctor, the challenge of addressing the multiple health issues of each individual is important. It requires you to develop the skill of interpreting the issues and prioritising them in partnership with your patients.

As a family doctor, you should use an evidence-based approach to the care of patients, including when the main focus is the promotion of your patient's health and general well-being. Reducing risk factors by promoting self-care and empowering patients is an important task of the GP. You should aim to minimise the impact of your patients'

symptoms on their well-being by taking into account personality, family, daily life, economic circumstances and physical and social surroundings.

Coordination of care also means that you must be skilled not only in managing disease and prevention, but also in caring for your patient. This may include providing rehabilitation or providing palliative care in the end phases of a patient's life. As a GP, you must be able to coordinate the patient care provided by other healthcare professionals, as well as by other agencies.

Enable people living with long-term conditions to improve their health

Learning outcomes:

- Maintain a positive attitude to improving the health of patients living with chronic conditions
- Contribute to strategies to maintain and improve the well-being of patients with long-term conditions, including:
  - encouraging and actively facilitating health promotion
  - supporting them in taking steps to increase their health resilience
  - reducing their treatment burden
  - supporting survivorship, i.e. the ability to live with (or following) a serious condition
  - identifying relapse
  - managing their long-term decline
- Identify the impact of a patient's environment on his or her health, including home circumstances, education, occupation, employment and social and family situation. Offer support to the patient in addressing these factors
- Recognise the harm to a patient's health and the costs to the health service that arise when care is inappropriate, fragmented or uncoordinated

Manage concurrent health problems in an individual patient

Learning outcomes:

- Recognise how health conditions commonly coexist and interact
- Demonstrate a problem-based approach to identify, clarify and prioritise the issues to be addressed during an interaction with a patient with multiple problems
- Demonstrate a logical and structured approach to the review of patients with multiple problems, especially the elderly, appreciating that multiple problems are often interconnected
- Demonstrate an ability to prioritise investigations and treatments in partnership with the patient and his or her carers
- Demonstrate responsibility for leading and coordinating the management planning for all of the patient's current health problems
- Recognise the additional impact of multimorbidity on the therapeutic options available to the patient and make allowances for this
- Implement measures to reduce the overall treatment burden and to use resources cost-effectively, considering human resources and economic and environmental impacts
- Demonstrate the ability to effectively 'navigate' patients with multiple problems along and between care pathways, enabling them to access appropriate team members and services in a timely and cost-effective manner

Adopt safe and effective approaches for patients with complex health needs

Learning outcomes:

- Recognise that patients often present with problems that cannot be readily labelled or clearly categorised. Evaluate how this uncertainty influences the diagnostic and therapeutic options available to patients
- Recognise the risk of diagnostic overshadowing and clinical stereotyping when dealing with patients who have been labelled with complex diagnoses (e.g. learning disability)
- Recognise the limitations and challenges of applying existing clinical evidence to the care of patients with multimorbidity and complex needs
- Recognise the limitations of protocol-driven ways of decision-making when managing patients with complex problems and discuss ways of dealing with these situations with colleagues
- Manage the inevitable uncertainty in complex problem-solving through an enhanced use of risk assessment, surveillance, communication and 'safety-netting techniques'
- Communicate risk in an effective manner to patients with complex conditions and involve them in its management, assisting them to tolerate diagnostic uncertainty when appropriate and to refocus on improving their health and well-being
- Recognise the importance of reflecting on your interactions with complex patients and on the outcomes of their care, in order to integrate this knowledge with your previous experience and improve your capability to provide effective care

Progression point descriptors

MANAGING MEDICAL COMPLEXITY				
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**
Inappropriately burdens the patient with uncertainty	Although identifies and recognises multi- morbidity, tends to manage health problems separately, without necessarily considering the implications of co-existing conditions	Demonstrates awareness and readiness to engage in providing undifferentiated care.	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.
Finds it difficult to suggest ways forward in unfamiliar circumstances	Identifies potential clinical risk	Identifies and tolerates uncertainties in the consultation.	Is able to manage uncertainty including that experienced by the patient.	Anticipates and employs a variety of strategies for managing uncertainty.
Often gives up in complex or uncertain situations	Demonstrates awareness of evidence-based guidelines	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.
Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement	Includes lifestyle information in assessing healthcare needs of patients	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 patients lifestyle on their health.	Consistently encourages improvement and rehabilitation and, where appropriate, recovery.	Coordinates a team-based approach to health promotion in its widest sense.
			Encourages the patient to participate in appropriate health promotion and disease prevention strategies.	Maintains a positive attitude to the patient's health even when the situation is very challenging.

Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care. This includes sharing information with colleagues, effective gatekeeping and service navigation, effective use of team skill mix, applying leadership, management and team-working skills in real-life practice, and flexible career development.

In caring for patients, you work with an extended team of other professionals in primary care, both within your own practice and in the local community. You also work with specialists in secondary care, using the diagnostic and treatment resources available. For this reason, GP education must promote learning that integrates different disciplines within the complex team of the NHS.

Work as an effective team member

Learning outcomes:

- Meet your contractual obligations to be available for patient care, anticipating situations that might interfere with your availability and ensuring that patient care is not compromised
- Comply with the protocols, policies and guidelines agreed within your organisation
- Seek advice from colleagues when encountering problems in following agreed protocols and policies for personal or professional reasons
- Use acquired clinical skills such as active listening, problem-solving and principled negotiation to improve communication with colleagues
- Enhance working relationships by demonstrating understanding, giving effective feedback and maintaining trust
- Routinely prioritise, reprioritise and manage personal workload in an effective and efficient manner, delegating appropriately to other team members
- Provide support to colleagues who are overburdened

Coordinate a team-based approach to the care of patients

Learning outcomes:

- Demonstrate the capability to lead and coordinate care at a team level and, when appropriate, at a service level. This includes, but is not limited to, team-based approaches to:
  - supporting patients to self-care
  - harm reduction for those with substance misuse and other risky behaviours
  - shared care planning with patients and carers
  - monitoring and surveillance of long-term conditions
  - recovery and rehabilitation after serious illness or injury
  - palliation and end-of-life care
- Contribute to a team culture that encourages contributions and values cooperation and inclusiveness and which commits to continuing improvement and preserving a patient-centred focus
- Appropriately seek advice from other professionals and team members according to their roles and expertise
- Anticipate and manage the problems that arise during transitions in care, especially at the interfaces between different healthcare professionals, services and organisations. Demonstrate the ability to work across these boundaries (e.g. by actively sharing information and participating in processes for multi-agency review)
- Support the transition of responsibility for patient care between professionals and teams through structured planning, coordination and appropriate communication channels
- Use the medical record and other communication systems to facilitate the transfer of information and care between patients, carers and multidisciplinary teams

Progression point descriptors

WORKING WITH COLLEAGUES AND IN TEAMS				
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**
Works in inappropriate isolation (beyond requirements of shielding and social distancing)	Shows basic awareness of working within a team rather than in isolation.	Recognises individual roles, skills and responsibilities as part of a greater whole, in primary as well as secondary care	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.
Gives little support to team members	Respects other team members and their contribution but has yet 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 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.
Doesn't appreciate the value of the team	Is accessible and engages with other members of the team	Understands the importance of integrating themselves into the various teams in which they participate.	Appreciates the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals.	Encourages the contribution of others employing a range of skills including active listening. Assertive but doesn't insist on own views.
Inappropriately leaves their work for others to pick up			Communicates proactively with team members so that patient care is enhanced using an appropriate mode of communication for the circumstances.	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.
Feedback (formal or informal) from colleagues raises concerns			Contributes positively to their various teams and reflects on how the teams work and members interact.	

Area of capability
working well in organisations and systems of care

As a GP, you care for patients at numerous levels in the health service: in consultations with individual patients, in your work within teams and organisations, and through the services and systems of care that are available and which you help to coordinate. These wider perspectives of influence and responsibility emerge as your expertise and leadership skills progress from the individual patient–doctor consultation, to team – and practice –based care provision and then to system-level and interorganisational activity.

As a professional learner, you will need to develop systems to manage your own performance, education and career-long development, as well as contributing to the development of multiprofessional teams.

Increasingly, GPs in all UK nations are participating in the development of care pathways and services, advising on how existing services can be improved, what changes are needed to meet a particular demand and how to set up more integrated systems of care. You will also need to develop the transferrable skills and flexible mindset to enable you to work in and lead a wide range of provider organisations that extend beyond the traditional medical partnership, such as federations, collaborative networks and integrated care systems.

Improving performance, learning and teaching

This area is about continuously improving performance and undertaking self-directed adult learning and effective continuous professional development, both learning for oneself and supporting the learning of others. It also includes leading clinical care and service development, as well as participating in quality improvement and research activity. In England, this capability may be applied to local commissioning activity.

Although general practice is a highly context-dependent and individually focused discipline, it should be based on a solid foundation of scientific evidence. Using experience in the management of your patients remains very important, but should wherever possible be supported by sound evidence that has been peer reviewed and published in the medical literature and guidelines. As a GP you should be able to search, collect, understand and interpret scientific research critically and use such evidence as much as possible.

Critically reviewing your experience in practice should become a habit that is maintained over the whole of your professional career. Knowing and applying the principles of lifelong learning and quality improvement should be considered an essential capability for every GP.

Continuously evaluate and improve the care you provide

Learning outcomes:

- Show commitment to a process of continuing professional development through critical reflection and the addressing of learning needs
- Routinely engage in targeted study and self-assessment to keep abreast of evolving clinical practice, identify new learning needs and evaluate your process of learning
- Regularly obtain and act on feedback from patients and colleagues on your own performance as a practitioner
- Systematically evaluate personal performance against external standards and markers, using this information to inform your learning
- Participate in personal and team performance monitoring activities and use these tools to evaluate practice and suggest improvements
- Engage in structured, team-based reviews of significant or untoward events and apply the learning arising from them
- Recognise, report and actively manage situations in which patient safety has been or could be compromised
- Adapt your behaviour appropriately in response to the outcomes of clinical governance activities, also supporting colleagues to change

Adopt a safe and scientific approach to improve quality of care

Learning outcomes:

- Use equipment safely and comply with safety protocols and directions
- Follow infection control protocols and demonstrate hand-washing and aseptic techniques
- Identify the potential for spread of infection and take measures to reduce this risk
- Assist with infection control in the local community by communicating effectively with the practice population and liaising with regional and national bodies where appropriate
- Contribute to the assessment of risk across the system of care, involving the whole team in patient safety improvements
- Measure and monitor the outcomes of care and apply quality assurance processes to ensure the safety and effectiveness of the services you provide
- Promote safety behaviours to colleagues and demonstrate awareness of human factors in maintaining safety and reducing risk
- Regularly access the available evidence, including the medical literature, clinical performance standards and guidelines for patient care
- Contribute to organised systems of quality improvement, including completing QIPs based on identified local needs, measuring outcomes, implementing and evaluating changes and sharing your learning
- Understand that taking part in quality improvement work is a learning process and be able to reflect on the quality improvement process and demonstrate learning
- Use professional judgement to decide when to initiate and develop new protocols and when to challenge or modify their use

Support the education and development of colleagues

Learning outcomes:

- Recognise that it is the duty of every doctor to contribute to the education and development of colleagues and team members, for the benefit of the health service
- When teaching individuals or groups, identify learning objectives and preferences, adopting teaching methods appropriate to these
- Construct educational plans and evaluate the outcomes of your teaching activities, seeking feedback on your performance
- Ensure that students and junior colleagues are appropriately supervised in their clinical roles, raising concerns through appropriate channels when necessary
- Participate in the evaluation and personal development of team members as appropriate to your role and level of expertise, providing constructive feedback when required

Progression point descriptors

IMPROVING PERFORMANCE, LEARNING AND TEACHING				
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**
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	Demonstrates critical thinking	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.
Reacts with resistance to feedback that is perceived as critical	Demonstrates clinical curiosity and reflective practice	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.	Shows a commitment to professional development through reflection on performance and the identification of personal learning needs.	Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions.
Fails to make adequate educational progress	Engages in some study reacting to immediate clinical learning needs.	Recognises situations, e.g. through risk assessment, where patient safety could be compromised.	Addresses learning needs and demonstrates the application of these in future practice.	Systematically evaluates performance against external standards.
	Provides evidence of integrating learning into professional practice	Contributes to the education of others	Personally participates in audits and quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance.	Demonstrates how elements of personal development impact upon career planning and the needs of the organisation.
	Participates in wider learning activities		Engages in learning 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.
			Identifies learning objectives and uses teaching methods appropriate to these	Evaluates learning outcomes of teaching, seeking feedback on performance and reflects on this
			Assists in making assessments of learners where appropriate	Actively facilitates the development of others
				Ensures that students and junior colleagues are appropriately supervised

Organisation, managment and leadership

This area is about understanding organisations and systems, including the appropriate use of administration systems, the importance of effective record-keeping and the use of information technology for the benefit of patient care. It also includes using structured care planning as well as new technologies to access and deliver care, and the development of relevant business and financial management skills.

As a GP you must be prepared to work as a team member but also, when appropriate, as a leader in your organisation. This includes improving care quality and effectiveness and ensuring that your services are relevant and responsive to patient needs. You must learn the importance of supporting patients' decisions about the management of their health problems and be able to communicate to them how the NHS team as a whole will deliver their care.

You will also be increasingly challenged by the ethical and financial need to be conscious of healthcare costs. Gaining an understanding of cost-efficiency and workforce sustainability, and how this has an impact on patient care, is a key learning issue during training. This involves participating in the running of your organisation as a business and contributing appropriately to its financial management, based on the roles, structures and processes adopted by your organisation.

The capabilities described in this section, as throughout the whole curriculum, are transferable to a growing number of extended GP roles and innovative service models in the UK NHS, which provide patients with an increasing range of access to general practice care.

Apply leadership skills to help improve your organisation's performance

Learning outcomes:

- Recognise that leadership and management are core responsibilities of every doctor
- Recognise the importance of distributed leadership within health organisations, which places responsibility on every team member and values the contribution of the whole team
- Acknowledge the importance to patients of having an identified and trusted professional responsible for their care and advocate this by acting as the lead professional when required
- Recognise your responsibilities as a leader when safeguarding children, young people and vulnerable adults, by modelling professional behavior and using appropriate systems for sharing information, recording and raising concerns, obtaining advice and taking action
- Demonstrate best practice when recording, reporting and sharing safety incidents (including 'near misses'), including communicating openly with those affected and ensuring that the lessons learned are implemented
- Analyse relevant patient feedback and health outcome data to identify unmet health needs, identify inappropriate variation in health outcomes and highlight opportunities to reduce health inequalities
- Contribute your experience to the evaluation, redesign and (where relevant) commissioning of care pathways, to achieve a more integrated, effective and sustainable health system

Develop the financial and business skills required for your role

Learning outcomes:

- Comply with financial, legal and regulatory systems that monitor and govern NHS health organisations locally and nationally
- Comply with your personal financial obligations by keeping timely and accurate financial records and submitting documentation when required for yourself and your organisation (e.g. for tax, pension, employment and insurance purposes)
- Apply your written and verbal communication skills to build good working relationships with staff, colleagues, business partners, patients and clients in the practice setting
- Interpret key financial documents relating to the management of general practice, such as annual accounts, budgets and balance sheets

Make effective use of information management and communication systems

Learning outcomes:

- Use records and information systems effectively for the full range of activities required in your role, including (but not limited to):
  - obtaining clinical and biographical information about patients
  - recording patient findings and management plans
  - ordering investigations and interpreting results
  - prescribing, monitoring and reviewing medicines
  - referring patients or seeking advice
  - managing administrative work
  - communicating with patients and colleagues
  - monitoring and managing safety risks
  - searching for evidence and guidance
  - recording learning activities and PDPs
- Develop techniques that enable you to use electronic patient records and other online information systems during a consultation to enhance communication with the patient
- Routinely record and appropriately code each clinical contact in a timely manner and follow the record-keeping and data governance requirements of your organisation
- Produce records that are sufficiently coherent, comprehensive and comprehensible, appropriately and securely sharing these with others who need legitimate access to them
- Contribute to improvements in the quality of the medical record (e.g. through development of templates)
- Make effective use of the tools and systems that enable evaluation and improvement of your personal performance (e.g. through use of reflective portfolios, patient satisfaction surveys, MSF, learning event analysis and other quality improvement tools)
- Adopt the appropriate use of new communication technologies, such as social media and online access to information, to improve the accessibility and quality of services and to enhance health literacy amongst the public

Progression point descriptors

ORGANISATION, MANAGEMENT AND LEADERSHIP				
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**
Consults with the computer rather than the patient	Demonstrates proficiency in using clinical recording and IT systems	Understands the structure of the UK healthcare system	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 and practice administration
Records show poor entries e.g. too short, too long, unfocused, failing to code properly or respond to prompts	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.	Demonstrates a basic understanding of the organisation of primary care and the use of clinical computer systems.	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.
	Recognises the need for personal organisational skills	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 time management, hand-over skills, prioritisation, delegation.	Manages own work effectively whilst maintaining awareness of other people's workload. Offers help sensitively but recognises own limitations.
	Demonstrates awareness of organisational changes	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.
	Fulfils workforce responsibilities	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.

Area of capability

caring for the whole person and the wider community

By routinely applying a holistic approach to your growing experience of providing care at the individual, team, organisation and health system levels, you can greatly improve the quality of care you provide to patients and families.

The capabilities described in this theme are the most challenging to develop to a high level, as they can feel less tangible to the learner. They rely on the integration and enhancement of the more straightforward capabilities developed earlier in training. They also require you to further study and promote the use of approaches that extend beyond a disease-based focus of biomedical science to incorporate the physical, emotional, social, spiritual, cultural and economic aspects of well-being, in order to successfully achieve 'whole-person care'.

GPs must work with an increasingly diverse population with a wide range of global influences. This requires a holistic understanding of the person within society, including the context of his or her family, work, culture and wider community. It also requires the doctor to consider international aspects of health.

Practising holistically, promoting health, and safeguarding

This area is about considering physical, psychological, socioeconomic and cultural dimensions of health. It includes taking into account feelings as well as thoughts, encouraging health improvement, self-management, preventative medicine and shared care planning with patients and their carers.

Medicine, like any cultural practice, is based on a set of shared beliefs and values and is an intrinsic part of the wider culture. According to Kemper, it involves 'caring for the whole person in the context of the person's values, their family beliefs, their family system, and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost'.[20]

Another key aspect of holistic care is safeguarding the health and welfare of the patient, family and community. As a community-based practitioner, you will need to be alert and ready to respond to the full range of safeguarding concerns and the diverse contexts in which they present, taking appropriate and effective action when required.

Holistic care can be interpreted only in relation to an individual's perception of holism. This means that, even if you offer the same health advice, therapies or interventions, they will have different meanings to different people. This view acknowledges objective scientific explanations of physiology, but also admits that people have inner experiences that are subjective, mystical and, for some, religious, which may also affect their health and well-being.

Demonstrate the holistic mindset of a generalist medical practitioner

Learning outcomes:

- Appreciate the value of health in its broadest sense as being more than the absence of disease but also a resource that enables a person to adapt successfully to the challenges of living
- Enquire routinely into physical, psychological and social aspects of the patient's problem, integrating this information to form a holistic view
- Interpret each patient's personal story in his or her unique context, considering the effects of additional factors that are known to influence an individual's health needs, including:
  - educational and occupational factors
  - environmental and cultural factors
  - spiritual and other existential factors
- Develop the ability to switch from diagnostic and curative approaches to supportive and palliative approaches, as appropriate for the patient's needs
- Integrate a diverse range of evidence-based approaches into treatment plans, according to patient preferences and circumstances, incorporating both conventional and complementary approaches where appropriate
- Make yourself available to your patients as an appropriate means of support, while maintaining professional boundaries and encouraging self-care

Support people through individual experiences of health, illness and recovery

Learning outcomes:

- Recognise that every person has a unique set of values and experiences of health and illness that may affect his or her use of the healthcare system and incorporate this perspective into your decisions
- Acknowledge the impact of the problem on the patient, such as how it affects his or her daily functioning, education, occupation and relationships
- Additionally, recognise the impact of the problem on the patient's family and carers, social context and community
- Anticipate the health issues that commonly arise during the expected transitions of life (including childhood development, adolescence, adulthood, ageing and dying)
- Evaluate a patient's fitness to attend education or work and identify the barriers that prevent a return after prolonged absence from these activities
- Provide individually tailored, evidence-based advice and support to enable each patient to optimise his or her lifestyle and well-being
- Demonstrate the skills and assertiveness to challenge unhelpful health beliefs or behaviours while maintaining a continuing and productive relationship
- Identify the people, including the young and elderly, who play an important caring role for others, involving them in management decisions and offering them additional support

Safeguard individuals, families and local populations

Learning outcomes:

- Recognise how safeguarding concerns may present in general practice across a range of scales, from individuals (e.g. cases of domestic violence or child abuse) to families, identified populations (e.g. local schools or care homes) and communities (e.g. affected by human trafficking or child sexual exploitation)
- Anticipate the safeguarding issues that commonly arise during different stages of life and the settings or contexts that may increase an individual's vulnerability or risk of harm

- Respond safely, promptly and effectively to the full range of safeguarding needs and risks that you are likely to encounter in practice
- Use appropriate systems for identifying and sharing information, recording and raising concerns, obtaining advice and taking action
- Report concerns to appropriate professionals and authorities and actively participate in discussions, plans and actions to investigate and mitigate identified risks
- Comply with your professional and legal responsibilities in relation to safeguarding, including the reporting of harmful and illegal activities and procedures (e.g. female genital mutilation, radicalisation, modern slavery)
- Acknowledge and manage the diverse impacts of safeguarding issues on the individuals affected, including their functioning, education, health, occupation and relationships
- Recognise and respond appropriately to the wider impacts of safeguarding issues on the family, carers and the local community, as well as on the professionals involved
- Demonstrate (as applicable to your role and working environment) the level 3 competences set out in *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* [21]

Progression point descriptors

PRACTISING HOLISTICALLY, PROMOTING HEALTH AND SAFEGUARDING				
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**
Treats the disease, not the patient	Recognises that health is more than the absence of disease	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.
	Considers options beyond a biophysical model	Recognises the impact of the problem on the patient's life.	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.
	Demonstrates awareness of the potential in 'making every contact count'.	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	Demonstrated the skills and assertiveness to challenge unhelpful health beliefs or behaviours, while maintaining a continuing and productive relationship	Makes effective use of tolls in health promotion, such as decision aids, to improve health understanding.

Community orientation

This area is about management of the health and social care of the local population. It includes understanding the need to build on community engagement and resilience and the relationship between family and community-based interventions, as well as the global and multicultural aspects of delivering evidence-based, sustainable healthcare.

Your work as a family doctor is determined by the make-up of the community in which your practice is based. Therefore, you must understand the potentials and limitations of the community in which you work and its character in terms of socioeconomic and health features. The GP is in a position to consider many of the issues and how they interrelate, and the importance of this within the practice and the wider community. The negative influence of poor socioeconomic status on health has been clearly demonstrated by Tudor-Hart.[22] He described the 'inverse care law', which observes how people with the greatest need for care have the greatest difficulty accessing it.

GPs have traditionally formed a part of the community in which they work. Patterns of general practice delivery are changing, however, and many GPs live in different districts to their patients. As a result, GPs may need to take additional steps to understand the issues and barriers affecting their communities.

At the same time, the tension between the needs of an individual patient and the needs of the wider community is becoming more pronounced and it is necessary to work within this. For example, healthcare systems are being rationed in all societies and doctors are inevitably involved in the rationing decisions. As a GP, you have an ethical and moral duty to influence health policy in the community and to work with patients and carers whose needs are not being met. Furthermore, you need to have an awareness of global health issues and to display a responsibility towards global sustainability, both as a citizen and in your professional role.

Understand the health service and your role within it

Learning outcomes:

- Describe the current structure of your local healthcare system, including the various roles, responsibilities and organisations within it, applying this understanding to improve the quality and safety of the care you provide
- Identify how local services can be accessed and use this understanding to inform your referral practices
- Demonstrate an understanding of the financial restrictions within which healthcare operates and identify how the limitations of local healthcare resources might impact on patient care
- Optimise your use of limited resources (e.g. through cost-effective prescribing)
- Demonstrate approaches that balance the needs of individual patients with the health needs of the local community, within available resources
- Recognise how the roles and influence of the GP span across the healthcare system, including (but not limited to):
  - first-contact clinician
  - personal doctor and family practitioner
  - coordinator of complex and long-term care
  - patient advocate
  - service navigator and gatekeeper
  - clinical leader, commissioner and quality improver
  - employer, employee, contractor, manager and business leader
  - educator, supervisor, appraiser, researcher and mentor
- Identify the opportunities that this expanded role provides for reducing inequalities and improving local, national and global healthcare

Build relationships with the communities with which you work

Learning outcomes:

- Recognise that groups or communities of patients may share and value certain characteristics and have common health needs and use this understanding to enhance your care, while continuing to acknowledge that people are individuals
- Analyse and identify the health characteristics of the populations with which you work, including the cultural, occupational, epidemiological, environmental, economic and social factors and the relevant characteristics of 'at-risk' groups
- Explore the interactions of these characteristics and impacts on the health needs and expectations of your community and its use of the services you provide
- Contribute your insights to the development of new services in your organisation or locality
- Acknowledge your professional duty to help tackle health inequalities and resource issues
- Manage the conflicts of interest created by the differing needs of individuals, the requirements of the wider population and the resources available in the community and adopt approaches to manage these tensions in your work
- Recognise that individuals, families and communities form a continuum, with each affecting the other, requiring a system-wide understanding of health and social care

Progression point descriptors

COMMUNITY ORIENTATION				
Generic Professional Capabilities: Professional Knowledge; Health Promotion; Safeguarding **MRCGP assessments:** WPBA (CbD, CAT, PSQ, QIP, 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**
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	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.
	Has knowledge of local services and care pathways	Understands that local resources may be limited in the community, e.g. the availability of certain drugs, counselling, physiotherapy or child support services.	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.
	Adapts their clinical practice to the context of their locality	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 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.
			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.

Useful learning resources

Books and publications

Knowing yourself and relating to others

- Balint M. *The Doctor, His Patient and the Illness* London: Pitman Medical Publishing, 1964.
- Berger J. *A Fortunate Man: The Story of a Country Doctor*. London: RCGP, 2005 (reprint).
- Health Foundation publications by A Coulter on shared decision-making.
- Launer J. *Narrative-based Primary Care: A Practical Guide. Oxford: Radcliffe Medical Press, 2002.*
- Neighbour R. *The Inner Consultation*. Lancaster: MTP, 2015.
- Papanikitas A, Spicer J. *Handbook of Primary Care Ethics*, 1st edn. London: CRC Press, 2018.
- Royal College of Physicians. *Doctors in Society: Medical Professionalism in a Changing World*. Report of a Working Party of the Royal College of Physicians of London. London: RCP, 2005.
- Stewart M, Brown JB, Weston WW, *et al. Patient-centered Medicine: Transforming the Clinical Method*. Oxford: Radcliffe Medical Press, 2003.

Applying clinical knowledge and skill

- Dowie J, Elstein AS (eds). *Professional Judgement: A Reader in Clinical Decision-making*. Cambridge: Cambridge University Press, 1991.
- Greenhalgh T. *How to Read a Paper: The Basics of Evidence-based Medicine*, 6th edn. Chichester: Wiley-Blackwell, 2019.
- McWhinney IR. *A Textbook of Family Medicine*, 3rd edn. Oxford: Oxford University Press, 2009.
- Montgomery K. *How Doctors Think: Clinical Judgment and the Practice of Medicine*. Oxford: Oxford University Press, 2005.
- Schwartz A, Bergus G. *Medical Decision Making: A Physician's Guide*. Cambridge: Cambridge University Press, 2008.
- Simon C, Everitt H, van Dorp F. Oxford Handbook of General Practice. Oxford: Oxford University Press, 2009.

- Straus SE, Richardson WS, Glasziou P, Haynes RB. *Evidence-based Medicine: How to Practise and Teach EBM*, 5th edn. Edinburgh: Churchill Livingstone, 2018.
- van Zwanenberg T, Harrison J (eds). *Clinical Governance in Primary Care*, 2nd edn. Abingdon: Radcliffe Publishing, 2004.

Managing complex and long-term care

- Macleod U, Mitchell E. Co-morbidity in general practice. Practitioner 2005; 249(1669): 282–4.
- Mitchell A, Malone D, Doebbeling CC. Quality of medical care for people with and without co-morbid mental illness and substance misuse: systematic review of comparative studies. *British Journal of Psychiatry* 2009; 194: 491–9.
- Saltman DC, Sayer GP, Whicker SD. Co-morbidity in general practice. Postgraduate Medical Journal 2005; 81: 474–80.
- Starfield B, Lemke KW, Bernhardt T, *et al*. Co-morbidity: implications for the importance of primary care in 'case' management. *Annals of Family Medicine* 2003; 1: 8–14.

Working well in organisations and systems of care

- Borg J. *Persuasion: The Art of Influencing People*, 4th edn. Harlow: Pearson Education, 2013.
- Bowie P, de Wet C. *Safety and Improvement in Primary Care: The Essential Guide*. London: Radcliffe Publishing, 2014.

Caring for the whole person and the wider community

- Commission on Social Determinants of Health (CSDH). *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. Geneva: World Health Organization, 2008. http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf (accessed November 2012).
- General Medical Council. *Good Medical Practice*. London: GMC, 2014. www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors#good-medical-practice (accessed June 2019).
- Greenhalgh T, Eversley J. *Quality in General Practice: Towards a Holistic Approach*. London: King's Fund, 1999.
- Marmot M, Goldblatt P, Allen J, et al. *Fair Society, Healthy Lives (The Marmot Review)*. London: Institute of Health Equity, 2010. www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review (accessed November 2012).

Web resources

Department of Health and Social Care

The Department of Health and Social Care website is constantly being updated with policy publications, consultations, guidance documents and research reports, as well as bulletins, speeches and press releases. The website also has pages dedicated to primary care. It can be accessed at www.gov.uk/government/organisations/department-of-health (accessed June 2019).

e-Learning for Healthcare (e-LfH)

e-LfH is an extremely valuable resource that provides a free programme of eLearning courses covering many parts of the RCGP curriculum. Each course derives from one of the curriculum statements and consists of practical and interactive eLearning sessions that will enhance your GP training and help with preparation for MRCGP assessments and NHS appraisals, as well as supporting your self-directed and reflective learning. Each of the eLearning sessions relates to a curriculum statement and completed sessions are automatically logged in the Trainee ePortfolio. *e-GP* e-LfH can be accessed at *www.e-lfh.org.uk* (accessed August 2019).

NHS Evidence

NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It aims to help people from across the NHS and public health and social care sectors make better decisions by providing them with easy access to high-quality evidence-based information. NHS Evidence is managed by the National Institute for Health and Care Excellence (NICE). Topic areas – identified by practitioners – bring together the latest guidelines, high-quality patient information, ongoing trials and other selected information. NHS Evidence also provides access to new NICE Pathways, which will allow users to easily navigate NICE guidance. NHS Evidence can be accessed at www.evidence.nhs.uk (accessed June 2019).

National Institute for Health and Care Excellence

NICE provides information, policy documents and advice for healthcare professionals. The most up-to-date NICE guidance can be found at www.nice.org.uk (accessed June 2019).

RCGP online courses and certifications

RCGP eLearning contains a range of online updates, courses and certifications for GPs based on the RCGP curriculum. This includes self-assessment tools to help you identify your learning needs across the curriculum. The site also contains the Essential Knowledge Updates and Challenges, which cover new and changing knowledge of relevance to general practice. The online courses and certifications go into more depth in a range of primary care topics. RCGP eLearning is available at http://elearning.rcgp.org.uk (accessed June 2019).

Appendices

Appendix 1: Specific capabilities for general practice mapped to GMC generic professional capabilities

GMC generic professional capability	13 specific capabilities for general practice To be a GP, you must be capable of:
Professional values	**Fitness to practise** • Demonstrating the attitudes and behaviours expected of a good doctor • Managing the factors that influence your performance **Maintaining an ethical approach** • Treating others fairly and with respect, acting without discrimination • Providing care with compassion and kindness
Professional skills	**Communication and consultation** • Establishing an effective partnership with patients • Maintaining a continuing relationship with patients, carers and families **Data gathering and interpretation** • Applying a structured approach to data gathering and investigation • Interpreting findings accurately to reach a diagnosis **Clinical examination and procedural skills** • Demonstrating a proficient approach to clinical examination • Demonstrating a proficient approach to the performance of procedures **Managing medical complexity** • Enabling people living with long-term conditions to improve their health • Managing concurrent health problems within an individual patient • Adopting safe and effective approaches for patients with complex needs
Professional knowledge	**Clinical management** • Providing general clinical care to patients of all ages and backgrounds • Adopting a structured approach to clinical management • Making appropriate use of other professionals and services • Providing urgent care when needed **Community orientation** • Understanding the health service and your role within it • Building relationships with the communities in which you work
Health promotion, safeguarding	**Practising holistically, safeguarding and promoting health** • Demonstrating the holistic mindset of a generalist medical practitioner • Supporting people through experiences of health, illness and recovery • Safeguarding individuals, families and local populations
Leadership	**Organisational management and leadership** • Applying leadership skills to improve your organisation's performance • Making effective use of information and communication systems • Developing the financial and business skills required for your role **Working with colleagues and in teams** • Working as an effective team member • Coordinating a team-based approach to the care of patients

GMC generic professional capability	13 specific capabilities for general practice To be a GP, you must be capable of:
Research, safety and quality improvement, education	**Making decisions** • Adopting appropriate decision-making principles • Applying a scientific and evidence-based approach **Improving performance, learning and teaching** • Continuously evaluating and improving the care you provide • Adopting a safe and scientific approach to improve quality of care • Supporting the education and development of colleagues

Appendix 2: GP specific capabilities mapped to Good Medical Practice

	1. Knowledge, skills and performance	2. Safety and quality	3. Communication, partnership and teamwork	4. Maintaining trust
Knowing yourself and relating to others	Demonstrate the attitudes and behaviours expected of a good doctor (applies to all Good Medical Practice domains)	Manage the factors that influence your performance	• Establish an effective partnership with patients • Maintain a continuing relationship with patients, carers and families	• Treat others fairly and with respect, acting without discrimination • Provide care with compassion and kindness
Applying clinical knowledge and skill	• Provide general clinical care to patients of all ages and backgrounds • Apply a structured approach to data gathering and investigation • Demonstrate a proficient approach to clinical examination • Demonstrate a proficient approach to the performance of procedures	• Interpret findings accurately to reach a diagnosis • Adopt a structured approach to clinical management • Provide urgent care when needed	Make appropriate use of other professionals and services	• Adopt appropriate decision-making principles • Apply a scientific and evidence-based approach
Managing complex and long-term care	Manage concurrent health problems within an individual patient	Adopt safe and effective approaches for patients with complex health needs	• Work as an effective team member • Coordinate a team-based approach to the care of patients	Enable people living with long-term health conditions to improve their health
Working in organisations and systems of care	Apply leadership skills to improve your organisation's performance	• Continuously evaluate and improve the care you provide • Adopt a safe and scientific approach to improve quality of care	• Support the education and development of colleagues • Make effective use of information and communication systems	Develop the financial and business skills required for your role
Caring for the whole person and the wider community	Demonstrate the holistic mindset of a generalist medical practitioner	Understand the health service and your role within it	Build relationships with the communities in which you work	• Support people through experiences of health, illness and recovery • Safeguarding individuals, families and local populations

Endnotes

1 Royal College of General Practitioners. Patients, Doctors and the NHS in 2022. London: RCGP, 2012. www.rcgp.org.uk/policy/rcgp-policy-areas/general-practice-2022.aspx (accessed 13 June 2019)

2 Patterson F, Tavabie A, Denney M, et al. A new competency model for general practice: implications for selection, training, and careers. British Journal of General Practice 2013; 63(610): e331–8

3 Royal College of General Practitioners. *Fit for the Future – a vision for General Practice.* London: RCGP, 2019. www.rcgp.org.uk/-/media/Files/News/2019/RCGP-fit-for-the-future-report-may-2019.ashx?la=en (accessed 19 July 2019)

4 General Medical Council. Generic Professional Capabilities Framework. Manchester: General Medical Council, 2017 www.gmc-uk.org/Generic_professional_capabilities_framework_0817.pdf_70417127.pdf (accessed 13 June 2019)

5 Kolb D. Experiential Learning. Englewood Cliffs, NJ: Prentice-Hall, 1984

6 Knowles M. The Adult Learner: A Neglected Species, 4th edn. Houston: Gulf Publishing Company, 1990

7 General Medical Council. Good Medical Practice. London: General Medical Council, 2014 www.gmc-uk.org/guidance/good_medical_practice.asp (accessed 13 June 2019)

8 COPMeD. Gold Guide to Specialty Training. January 2018. www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition (accessed June 2019)

9 General Medical Council. Promoting Excellence: Standards for Medical Education and Training. July 2015. www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-0715_pdf-61939165.pdf (accessed June 2019)

10 Health Education England. District Nursing and General Practice Nursing Service Education and Career Framework. Leeds: Health Education England, October 2015

11 Centre for Pharmacy Postgraduate Education. General Practice Pharmacist Training Pathway, 3rd edn. Manchester: Centre for Pharmacy Postgraduate Education, February 2016

12 General Medical Council. Generic Professional Capabilities Framework. Manchester: General Medical Council, 2017. www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework (accessed June 2019)

13 General Medical Council. Good Medical Practice. General Medical Council, 2013. www.gmc-uk.org/-/media/documents/Good_medical_practice_English_1215.pdf_51527435.pdf (accessed June 2019)

14 McWhinney IR, Freeman T. A Textbook of Family Medicine, 3rd edn. Oxford: Oxford University Press, 2009

15 McWhinney IR, Freeman T. A Textbook of Family Medicine, 3rd edn. Oxford: Oxford University Press, 2009

[16] Stewart M, Brown JB, Weston WW, et al. Patient-centered Medicine: Transforming the Clinical Method, 2nd edn. Oxford: Radcliffe Medical Press, 2003

[17] Silverman J, Kurtz S, Draper J. Skills for Communicating with Patients, 2nd edn. Oxford: Radcliffe Medical Press, 2004

[18] Flocke SA, Miller WL, Crabtree BF. Relationships between physician practice style, patient satisfaction, and attributes of primary care. Journal of Family Practice 2002; 51: 835–40

[19] Marinker M, Peckham PJ (eds). Clinical Futures. London: BMJ Books, 1998

[20] Kemper KJ. Holistic pediatrics = good medicine. Pediatrics 2000; 105: 214–18

[21] Royal College of Nursing. Safeguarding Children and Young People: Roles and Competences for Healthcare Staff, 4th edn. London: Royal College of Nursing, January 2019

[22] Tudor-Hart J. The inverse care law. Lancet 1971: 297; 405–12