The RCGP Curriculum
Being a General Practitioner

For implementation from 1 August 2025

RCGP — Royal College of General Practitioners

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Introduction to the RCGP Curriculum

Definition of a GP[1]

> " "A GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their health care needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met." "

This definition applies to doctors within general practice who have obtained GP status on the specialist register.

GPs and their patients
Through confidential trusted partnerships with their patients (characterised by empathy and mutual trust, without bias or judgement), GPs provide evidence-informed personalised care in the community in an accessible way. Whether remotely or in person, they lead, support and embrace innovation in medicine and technology, while working as an advocate for their patients and the population, to optimise the care they provide.

Outside the practice
As consultants in general practice, GPs can contribute to healthcare in many other ways beyond the GP surgery. They may work in local, regional and national medical leadership and commissioning roles, undertake research and provide education, work in extended clinical roles or provide 24-hour, 365-day care within organisations that cover patient care outside standard GP opening hours.

To ensure the definition is future-proofed it is suggested that it be reviewed on a five-year cycle.

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[1] Royal College of General Practitioners. Definition of a GP. Consensus statement September 2023. www.rcgp.org.uk/about

The definition should be used to represent all qualified GPs, irrespective of whether they work in the NHS or in other parts of the health and care system. The definition does not represent any other clinician or doctor who may work in primary care.

Scope of practice[2]

The scope practice of a GP in the NHS is defined by Standard General Medical Services Contract. It 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
- out-of-hours services
- management of long-term conditions disease in the manner determined by local needs, in discussion with patients
- care of people in nursing homes
- the general management of patients who are terminally ill
- 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 services delivered by primary care organisations, such as childhood immunisations and minor surgery.

Clinical and non-clinical areas where care by a GP plays an essential role include:

- 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 non-primary care environments.

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[2] NHS England. Standard General Medical Services Contract 2024/25. NHSE, 2024. www.england.nhs.uk/publication/standard-general-medical-services-contract-24-25/

Continuity of Care[3]

Research on continuity of care – that is, the extent to which a patient experiences an ongoing relationship with a clinical team or member of a clinical team – has demonstrated that continuity is associated with lower mortality, fewer acute admissions and lower use of out-of-hours services, alongside better quality of care, including better prescribing, better adherence to medical advice and medication, and cost-effectiveness.

It can consist of relational continuity (seeing the same people or team or management continuity), management and co-ordination of care and informational continuity (continuity of patient records and information).

Continuity of care is a critical element of general practice, particularly continuity of the personal relationship between patients and their GP.

Training the Future GP[4]

Proposals for future reform of GP training include the development of an adaptable future primary care workforce, a place-based approach to educational governance, quality and faculty development, and alignment and integration with local models of care that provide optimal learning opportunities aligned to the individual needs of the GP registrar.

These ambitions should be supported by an increased emphasis on the core capabilities of being a GP, enhanced skills in generalism and digital technologies, leadership development and meaningful quality improvement activity and skills development. Specific focus is given to equity in training and social accountability, better wellbeing and mental healthcare in general practice and the community, improved earlier diagnosis and detection of illnesses such as cancer, and greater awareness of population and planetary health in practice.

How the curriculum is structured – Capabilities in practice

Becoming a capable and competent GP

The Royal College of General Practitioners (RCGP) curriculum acts as the educational framework for the three-year specialty training programme for doctors entering general practice in the UK. It is designed to integrate with the General Medical Council (GMC) generic professional capabilities framework (see Figure 1)

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[3] Royal College of General Practitioners. Continuity of care work at RCGP. RCGP, 2021.
www.rcgp.org.uk/blog/continuity-of-care-work-at-rcgp

Figure 1: Generic professional capabilities framework[5]

The learning outcomes of the RCGP curriculum are organised into five areas of capability (see Figure 2) and are supported by a series of topic guides that explore professional and clinical capabilities in more depth and provide examples in practice.

The capabilities serve as developmental threads throughout the GP training programme, and link earlier medical training with GP licensing assessments and post-licensing GMC revalidation standards. While separated for conceptual reasons, these areas of capability should be considered as part of an integrated whole.

Although it is possible to define other capabilities of relevance to general practice, these five key areas have been selected because of their importance to GP training and assessment in the context of the NHS in the UK.

The three MRCGP assessments – Workplace-based Assessment (WPBA), Applied Knowledge Test (AKT) and Simulated Consultation Assessment (SCA) – are used to evaluate these capabilities to the standard required for successful completion of training

The five areas of capability are composed of 13 specific capabilities that a doctor is expected to acquire during GP specialty training (see Table 1). These capabilities map directly to the GMC's generic professional capabilities framework (see Appendix 2 for a detailed map).

Figure 2: The five areas of capability in the RCGP curriculum for general practice

Area of capability	Core capabilities expected of a GP practising independently
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 • Promoting health and wellbeing in yourself and colleagues **An ethical approach** • Treating others fairly and with respect and acting without discrimination or prejudice • Providing care with compassion and kindness • Promoting an environment of inclusivity, safety, cultural humility and freedom to speak up **Communicating and consulting** • Establishing effective partnerships through a range of in-person and remote consulting modalities • Managing the additional challenge of consultations with patients who have particular communication needs or who have different languages, cultures, beliefs and educational backgrounds, to your own • Maintaining continuing relationships with patients, carers and families
B. Applying clinical knowledge and skill	**Data gathering and interpretation** • Applying an organised approach to data gathering and investigation • Interpreting findings accurately and appropriately **Clinical examination and procedural skills** • Demonstrating a proficient approach to clinical examination and procedural skills **Decision-making and diagnosis** • Adopting appropriate decision-making principles based on shared understanding • Using best available, current, valid and relevant evidence **Clinical management** • Providing collaborative clinical care to patients that supports their autonomy • Using a reasoned approach to clinical management that includes supported self-care • Making appropriate use of other professionals and services • Providing urgent care when needed

C. Managing complex and long-term care	**Medical complexity** • Enabling people living with long-term conditions to optimise their health • Using a personalised approach to manage and monitor concurrent health problems for individual patients • Managing risk and uncertainty while adopting safe and effective approaches for patients with complex needs • Co-ordinating and overseeing patient care across healthcare systems **Team working** • Working as an effective member of multiprofessional and diverse teams • Leading and co-ordinating a team-based approach to patient care
D. Working well in organisations and systems of care	**Performance, learning and teaching** • Continuously evaluating and improving the care you provide • Adopting a safe and evidence-informed approach to improve quality of care • Supporting the education and professional development of colleagues **Organisation, management and leadership** • Advocating for medical generalism in healthcare • Applying leadership skills to improve your organisation's performance • Making effective use of data, technology and communication systems to provide better patient care • Developing the financial and business skills required for your role
E. Caring for the whole person, the wider community and the environment	**Holistic practice, health promotion and safeguarding** • Demonstrating the holistic mindset of a generalist medical practitioner • Supporting people through their experiences of health, illness and recovery with a personalised approach • Safeguarding individuals, families and local populations **Community health and environmental sustainability** • Understanding the health service and your role within it • Building relationships with the communities in which you work • Promoting population and planetary health

Table 1: The 13 specific capabilities a doctor should acquire during GP training

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 professional or clinical context.

Each topic guide is intended to illustrate important aspects of everyday general practice rather than provide a comprehensive overview of that topic. They should not be viewed as a complete list of every topic practising GPs need to learn.

Professional topic guides
- Consulting in general practice
- Equality, diversity and inclusion
- Evidence in practice, research, teaching and lifelong learning
- Continuity and quality of care, safety and prescribing
- Leadership, management and administration
- Population and planetary health

Life Stages topic guides
- Children and young people
- People living with long-term conditions including cancer
- Older adults
- People at the end of life

Clinical topic guides
- Allergy and clinical immunology
- Cardiovascular health
- Dermatology
- Ear, nose and throat, speech and hearing
- Eyes and vision
- Gastroenterology
- Genomic medicine
- Gynaecology and breast health
- Haematology
- Infectious diseases and travel health
- Learning disability
- Maternity and reproductive health
- Mental health
- Metabolic problems and endocrinology
- Musculoskeletal health
- Neurodevelopmental conditions and neurodiversity
- Neurology
- Renal and urology
- Respiratory health
- Sexual health
- Smoking, alcohol and substance misuse
- Urgent and unscheduled care

Integrating specialist approaches into generalist care

The training you undertake in the earlier stages of GP specialty training (that is, 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 may be increasingly undertaken in a primary care or practice setting that provides innovative and blended learning approaches to training.

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 may have encountered a 'filtered' population in which certain conditions may be more prevalent, to the 'unfiltered' general population presenting to general practice.

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 non-primary care environments is grounded in the capabilities that apply to the GP's role and typical working environment.

Attachments in non-primary care environments can provide you with a concentration of clinical experience that might have taken a long time to achieve solely in a general practice setting. In other 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.

The RCGP recommends that all GP training programmes should be configured to provide GP registrars 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 skill set. Examples of additional relevant training opportunities are given in Table 2.

Services provided for:	Examples
Infants, children and young people	Hospital and community paediatric services and clinics, children's emergency departments, integrated services such as 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, services in areas of high deprivation
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 patients 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 departments, 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 departments, 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: Examples of training opportunities in services for different patient groups

Blended learning opportunities in 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.

Despite the challenges of an extremely busy specialty, there will also be many opportunities for you to learn in and outside the workplace through planned educational activities with other healthcare professionals and formal teaching sessions.

Learning environment and flexible working patterns

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.

Your learning environment could involve:

- exploring local community resources
- home visits
- out-of-hours services
- GP with a special interest (GPwSI) clinics
- voluntary work
- being supported with less than full time (LTFT) training to adjust to change (for example, being new to the NHS) or to balance work and life demands
- remote vs in-person working
- balancing work and time for learning against maintaining mental and physical wellbeing

Learning with patients

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.

Placements can include opportunities for:

- learning with and from patients
- case discussions and reflections
- observation
- clinical encounters
- practical skills
- prescribing reviews.

Reflective and lifelong learning

As an adult learner you will have your own distinct learning style and preferences. These will influence how you make use of learning opportunities both during your training programme and in your lifelong learning as a GP.

The mainstay of training is through experience of consulting with patients and learning from those encounters. The recommended working week in GP training includes time for personal study and you might use this time in a variety of ways, depending on your needs, to ensure that you meet the curriculum requirements. Developing strong capabilities in independent self-directed learning is an important part of your professional development.

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

- significant event analysis group discussion
- discussing and reflecting on complaints
- keeping your own personal reflective diary
- peer support groups where you can share experiences
- reflecting on feedback from patients, supervisors and colleagues
- the doctor as patient
- recognising and acting on patients' unmet needs (PUNs) and doctors' educational needs (DENs)
- self-directed learning online.

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 various 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,[6] the RCGP curriculum can help you with this process, providing a useful educational framework for the discipline of general practice.

Mentorship and developing life skills

The life skills you might need to develop as a GP could include:

- managing stress and life events outside work
- supporting colleagues
- not being afraid to ask for help or share weaknesses

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[6] General Medical Council. Good medical practice. GMC, 2024. www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

- dealing with dealing with practical challenges such as coming across a road traffic accident in the community
- forward planning
- time management
- multitasking.

Peer learning

Half-day or whole-day release allows GP registrars at various stages of training to come together for small group sessions and can have a powerful influence on shaping attitudes and enhancing personal professional development. Peer learning groups to prepare for examinations and assessments have a long tradition and are highly valued by GP registrars. There are many examples of GP registrars 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 from 'virtual' groups and social media.

The broad knowledge and skills required by a GP are not 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.

Practice-based training

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 greater numbers of GP registrars entering the specialty have been promoted in the *NHS Long Term Workforce Plan*[7]. GP registrars will 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. 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 both as a business and a healthcare organisation.

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

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[7] NHS England. The NHS Long Term Workforce Plan. NHSE, 2023. www.england.nhs.uk/publication/nhs-long-term-workforce-plan. The plan is an NHS England initiative, and does not apply to all four UK nations.

Your practice-based training could include:

- 'just another day in general practice' – learning from everyday clinical encounters and supporting patients and colleagues
- team discussions to help manage complexity and uncertainty
- daily huddle
- informal discussions over coffee
- peer learning groups
- learning from experienced GPs and allied healthcare professionals
- practice teaching sessions and presentations
- finding or being a good mentor or supervisor
- concise summaries shared by multidisciplinary team colleagues, including infographics and visual summaries.

Educational courses and wider portfolio learning

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:

- SCA and AKT preparation courses
- clinical and non-clinical topic courses
- attendance at national conferences such as the RCGP Annual Conference
- regional teaching and residential days
- conferences
- getting involved in quality improvement activities
- learning from teaching
- developing a specialist interest
- attending course son leadership or management.

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

Technology-enhanced learning

Technology-enhanced learning opportunities can include:

- virtual simulated cases
- webinars and online teaching
- podcasts
- reflections on video consultations.

How GP training is delivered

The RCGP curriculum requires GP registrars 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 local network of GP educators and trainers.

Within each geographical area, programme directors are responsible for training programmes. An individual GP registrar's programme is overseen by their educational supervisor, who is supported by the expertise and resources of a local team, according to local arrangements.

These individual 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.

Primary care placements

General practice placements provide the core experiential learning environment for future professional and career development.

The current structure of GP training over three years incorporates experience in both general practice and hospital posts specifically selected as being suitable for GP training. The GP training model is for all training programmes to be increasingly constructed with 24 months spent in general practice posts and 12 months spent in specialty posts (24/12)[8]. Each post is referenced to the curriculum and 13 capabilities.

General practice experience might also be gained through an integrated training post (ITP) providing experience in a combination of general practice and other relevant posts, including outreach posts based in the community, specialty posts, usually based in hospital, and integrated care. An ITP can also include a non-specialty element such as research or leadership.

Learning opportunities include tutorials, informal learning, case discussions, meetings and quality improvement.

Non-primary 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. Non-primary care environments provide experience of cases encountered as a GP but with a more concentrated exposure in specialist departments. This offers training in managing acutely ill patients and allows GP registrars to become familiar with the patient's journey under specialist supervision.

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

Supervision

Detailed information on methods of supervising training progression can be found in Section 4 of the Conference of Postgraduate Medical Deans (COPMeD) _Gold Guide_ to postgraduate foundation and specialty training in the UK.

Clinical supervisors are responsible for day-to-day supervision in the clinical setting. They integrate learning with service provision by enabling GP registrars to learn by taking responsibility for patient management within the parameters of good clinical governance and patient safety and by providing constructive feedback during a training placement.

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[8] This is indicative – the Statutory Education Bodies (SEBs) in the four devolved nations have flexibility in how they approach this.

Educational supervisors monitor GP registrars' progress over time to ensure they are making the necessary clinical and educational progress. The supervisor collates evidence of a GP registrar's performance in a training placement, providing feedback to the GP registrar and agreeing action plans to ameliorate any concerns or issues identified.

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 portfolio 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:

- ensure that the GP registrar is receiving appropriate support and teaching to have a good understanding of the RCGP portfolio and what is acceptable progress
- review portfolio learning log entries, provide formative feedback for reflective practice and review the GP registrar's PDP
- assess formal evidence, such as the clinical supervisor's review and patient and colleague feedback, against the RCGP curriculum competences
- meet the GP registrar to review the evidence against the 13 specific 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 GP registrars with problems and signpost them to appropriate additional support and resources where necessary.

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

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 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.

The MRCGP comprises three separate components – an Applied Knowledge Test (AKT), a Simulated Consultation Assessment (SCA) and Workplace-based Assessment (WPBA) – each of which tests different capabilities using validated assessment methods and that together map across the GP specialty training curriculum (see Appendix 2).

Applied Knowledge Test

The Applied Knowledge Test (AKT) is a computer-based assessment that forms part of the MRCGP. It tests the knowledge base behind independent general practice in the UK within the context of the NHS. GP registrars who pass will show they can apply knowledge at a high enough level for independent practice.

The AKT takes place at Pearson VUE test centres across the UK.

Simulated Consultation Assessment

The Simulated Consultation Assessment (SCA) will assess a candidate's ability to integrate and apply clinical, professional and communication skills appropriate for general practice. Candidates will be required to demonstrate they:

- can keep patients safe
- are adaptable in treating different types of patient and illness
- can manage risk, medical complexity and uncertainty
- exhibit the appropriate behaviour, attitude and concern in managing patients.

The assessment comprises 12 simulated consultations, each lasting 12 minutes, with three minutes' reading time for each of the 12 cases.

The cases are performed by role players who are trained, calibrated and standardised so that, although a case appears the same for every candidate, it responds to the approach of each individual doctor, as in real life. The cases will most commonly be patients, or in some instances

their carer or parent or other health or social care workers, to reflect the various situations a GP may be presented with in everyday practice.

The SCA will be delivered via an online platform, with candidates sitting the exam in a local practice. Some cases will be on video, with the person appearing on camera. Other cases will simulate a consultation by telephone, with only the role player's voice being heard.

Workplace-based Assessment

Workplace-based Assessment (WPBA) evaluates the GP registrar's progress in areas of professional practice that are best tested in the workplace. WPBA:

- looks at the GP registrar's performance in their day-to-day practice to provide evidence for learning and reflection based on real experiences
- supports and drives learning in important areas of capability with an underlying theme of patient safety
- provides constructive feedback on areas of strength and developmental needs, identifying GP registrars who may be in difficulty and need more help
- evaluates aspects of professional behaviour that are difficult to assess in the AKT and Simulated Consultation Assessment (SCA)
- determines 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 child safeguarding and basic life support. More information on the WPBA requirements can be found on the RCGP website and a downloadable pdf summarising all the assessment and evidence requirements for WPBA across the training programme is available.

Standard setting

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.

Evidence of progression

The RCGP has developed comprehensive guidance on what evidence an individual doing GP specialty training (GPST) and their educational supervisor could provide to ensure satisfactory progress and ultimately the capability for award of a CCT. Descriptors have been developed to provide guidance on the behaviours that a GP registrar is expected to demonstrate to display the required level of capability for a CCT, including indicators of underperformance and indicators of excellence. These 'progression point descriptors' have been explicitly mapped to

the generic professional capabilities and are included in the curriculum under each core capability.

All GP registrars 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.

Examination feedback

All GP registrars who undertake MRCGP AKT and SCA examinations are provided with feedback on their performance to help them understand or interpret a pass or 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 portfolio.

The AKT examiners publish feedback reports after every AKT. These are intended to guide the learning of GP registrars and to help trainers and training programme directors. GP registrars receive a breakdown of their marks under the three broad categories of clinical medicine, evidence interpretation and organisational questions.

SCA feedback is case-specific and linked to the marking domains. The feedback statements are not performance indicators and play no part in the marking process for the examination. The examiner will have marked the case before selecting the relevant feedback statements. Explanations of the feedback statements, with suggested learning strategies, can be seen in the portfolio. This feedback is intended for discussion with the educational supervisor or trainer, in the context of overall performance. SCA 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 candidate feedback under constant review to try to make this as useful as possible to GP registrars and supervisors, while acknowledging the constraints imposed by a summative examination and the need for item and case confidentiality.

Flexible training and interdependency with curricula of other specialties and professions

Combined training for general practice

There are two combined training pathways.

1. Accreditation of Transferable Capabilities (ATC)

You may be eligible to apply to the ATC pathway if you:

- are transferring to general practice training from another GMC-approved specialty training programme
- have completed a minimum of 12 months (full-time equivalent) of training in a GMC-approved specialty training programme
- have completed at least one calendar year in approved specialty training posts (not out of programme) within the five years preceding your planned start date for GP training
- can provide ARCP outcome forms covering at least 12 months (full-time equivalent) of your previous training programme.

The ATC pathway is for experience in approved UK specialty training only. If you are applying with a combination of training and non-training experience, you should apply for the CCT (CP) pathway.

2. Certificate of Completion of Training: Combined Programme (CP)

You may be eligible to apply to the CCT (CP) pathway if you:

- have at least 12 months (full-time equivalent) relevant experience above foundation level (or equivalent) within the five years preceding your planned start date for GP specialty training. This might include substantive paid clinical or specialty and specialist (SAS) roles or overseas training and experience
- can provide evidence to support this experience and to demonstrate how it can be mapped to the curriculum and capabilities required for general practice. Further details are available on the RCGP website.

Shared capabilities for a multiprofessional workforce

Primary care depends on close co-operation and working relationships across a broad range of professions. The RCGP curriculum has been mapped against capabilities included in other professional curricula. The most commonly shared areas of capability include:

- 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.

Although there is an overlap in capabilities, there are significant differences in the standard of achievement required, levels of responsibility expected and degrees of autonomy in practice. The main differences occur in the standards for demonstrating capability in applying clinical knowledge and skills, such as data gathering, clinical examination, procedural skills, clinical management and urgent care.

Content of learning

Understanding the language of the curriculum

The specific capabilities in the RCGP curriculum are broken down into more specific domains and learning outcomes (detailed items of knowledge and skill). These map directly to the GMC's generic professional capabilities, which apply to all medical specialty training programmes. They describe the knowledge, skills and behaviours that should be demonstrated by a GP on completion of training. Relevant progression point descriptors and MRCGP assessments are shown for each of the core capabilities.

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

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 3: Taxonomy of terms used in the RCGP curriculum learning outcomes[9]

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

Decolonising the RCGP curriculum

In line with other educational and professional organisations, the RCGP has been undertaking a process of decolonising the curriculum. Our working definition of the term 'decolonising' is 'a process of addressing the colonial legacies that persist within modern medical education, and better understanding how the historical inclusion and exclusion of some knowledge and its producers has shaped the profession we work in'.

We have begun to critically reflect on the origins and formation of our knowledge, how this is taught in primary care and how it might create unhelpful power hierarchies. Can these be reframed and reconstructed in the curriculum?

In collaboration with experts and our stakeholders, we have tried to integrate these principles into the curriculum to promote inclusivity in GP education and practice.

This process was started by asking the following questions:

- Does the language of the curriculum create any barriers to understanding and learning general practice? Have we provided sufficient representation in terms of identity, language and case examples?
- Does the curriculum content sufficiently reflect diversity in modern UK general practice, and is it appropriate in terms of its breadth? Are there any potential controversies or omissions?
- Are we still using appropriate and relevant references and authorities for our knowledge sources? Do they help us improve cultural humility and reduce hierarchies?
- Does the curriculum sufficiently support a learner-centred and values-based approach to professional development?
- Do we sufficiently recognise the influence of prior experience and practices from within other healthcare systems on international graduates now working in the NHS?

This is still an ongoing process, and we acknowledge that there will be areas for improvement.

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 capability concerns your development of professional values and behaviours and preparation for revalidation. It highlights the importance of maintaining your own health and wellbeing. It also 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 yourself and patients.

Demonstrating 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.

Managing the factors that influence your performance

Learning outcomes:

- Manage professional demands while showing awareness of the importance of addressing personal needs, achieving a balance that meets your professional obligations and preserves your own health and wellbeing.

- 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 health behaviours that might interfere with the safe delivery of patient care, seeking support and advice from appropriate others as required.
- Be aware of potential effects of unexpected or upsetting events, such as complaints, on your wellbeing and undertake measures for self-care and appropriate support to mitigate such effects.
- Seek appropriate support and engage with remedial action whenever there are concerns about your personal performance.
- 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 'whistle-blowing'.

Promoting health and wellbeing in yourself and colleagues

Learning outcomes:

- Adopt a proactive approach to managing your own physical and mental health and wellbeing.
- Promote an organisational culture in which your health and wellbeing, and that of colleagues and staff, are valued and supported.

Progression point descriptors – Fitness to practise

Fitness to practise				
Professionalism and protecting self and others from harm, including awareness of when an individual's performance, conduct or health, or that of others, might put patients, themselves or their colleagues at risk.				
GPC: professional values MRCGP: WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, PSQ, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Demonstrating the attitudes and behaviours expected of a good doctor	Does not comply with accepted codes of professional practice. Fails to respect the requirements of organisations, such as meeting deadlines, producing documentation and observing contractual obligations. Does not recognise limits of own ability and experience.	Understands and follows the GMC's 'duties of a doctor' guidance[10]. Complies with accepted codes of professional practice, showing awareness of their own values and attitudes. Applies relevant ethical, financial, legal and regulatory frameworks within the care provided. Evaluates their clinical care and is able to justify actions to patients, colleagues and professional bodies.	Demonstrates the accepted codes of practice to promote patient safety and effective team working. Reacts promptly, respectfully and impartially when there are concerns about self or colleagues. Works within the limits of their own ability and expertise as a GP. Adopts a self-directed approach to learning, engaging with assessment. Encourages scrutiny of professional behaviour, is open to feedback and	Encourages an organisational culture in which the health and wellbeing of all members is valued and supported, especially in the workplace.

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[10] As found in "Good medical practice" https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice/the-duties-of-medical-professionals-registered-with-the-gmc

			demonstrates a willingness to change.	
Managing the factors that influence your performance	Is the subject of multiple complaints. Repeatedly fails to cope effectively with the demands of the job, such as dealing with stress or managing time.	Demonstrates insight into any personal physical or mental illness or habits that might interfere with the competent delivery of patient care. Identifies and notifies an appropriate person when their own or a colleague's performance, conduct or health might be putting others at risk. Responds to complaints or performance issues appropriately.	Takes advice from appropriate people and, if necessary, engages in a referral procedure or remediation. Uses mechanisms to reflect on and learn from complaints or performance issues to improve patient care. Takes effective steps to address any personal health issue or behaviour that is impacting on their performance as a doctor.	Anticipates system or practice areas requiring improvement, and proactively rectifies them to improve patient care. Anticipates situations that might impact on their work–life balance and seeks to minimise any adverse effects on themselves or their patients. Fosters a supportive environment where colleagues are able to share difficulties and reflect on their performance.
Promoting health and wellbeing in yourself and colleagues	Has repeated unexplained or unplanned absence from professional commitments.	Monitors performance and demonstrates insight into their personal needs. Demonstrates awareness of the	Achieves a balance between professional and personal demands, enabling work commitments to be met and maintaining their own health.	Promotes the wellbeing and health of all colleagues and staff, both individually and collectively.

		needs of colleagues.	Adopts a proactive approach in ensuring their personal health and wellbeing.	

An ethical approach

This capability involves 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. 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.

Treating others fairly and with respect, acting without discrimination or prejudice

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 embracing 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 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 respectfully.
- Take appropriate action when you become aware of people acting in an abusive, bullying or intolerant manner.

Providing care with compassion and kindness

Learning outcomes:

- Demonstrate that you relate to people as individuals and challenge attitudes that dehumanise 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 (for example, 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 organisations and services (such as 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.

Promoting an environment of inclusivity, safety, cultural humility and freedom to speak up

Learning outcomes:

- Actively promote a culture of inclusion where everyone is welcome in general practice, regardless of background or any protected characteristics.
- Consciously self-assess your own perspectives such as ethnocentric, biased or prejudiced beliefs towards others.
- Be willing to explore new cultural ideas and information and their implication for health provision and behaviours.
- Provide culturally sensitive and appropriate healthcare to people from diverse backgrounds.

Progression point descriptors – An ethical approach

An ethical approach				
Practising ethically with integrity and a respect for equality and diversity.				
GPC: professional values MRCGP: SCA; WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, PSQ, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Treating others fairly and with respect, acting without discrimination or prejudice	Does not consider ethical principles, such as benefits versus harms, or use ethics to make balanced decisions. Shows prejudice in working with particular types of people.	Shows awareness of the professional codes of practice as described by the GMC in *Good medical practice*. Demonstrates a non-judgemental approach in dealing with patients, carers and colleagues, respecting the rights and personal dignity of others. Contributes to an environment where fairness, respect and participation are valued, Recognises and takes action to address prejudice, oppression and unfair discrimination in themselves and others within teams.	Applies *Good medical practice* in their own clinical practice. Reflects on how their values, attitudes and ethics might influence professional behaviour. Identifies and discusses ethical conflicts arising within their roles as a clinician, patient advocate and leader in the health service. Actively promotes equality of opportunity for patients to access healthcare, ensuring fairness and respect in their	Anticipates the potential for conflicts of interest and takes appropriate action to avoid these. Anticipates and takes appropriate action in situations where discrimination or bullying might occur.

			day-to-day practice.	
Providing care with compassion and kindness	Demonstrates a judgemental approach in dealing with patients, carers or colleagues, not respecting the rights or personal dignity of others.	Takes 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. Records, shares and receives information in an open, honest, sensitive and unbiased manner.	Responds to complaints in a timely and appropriate manner, recognising their duty of candour. Relates to people as individuals and challenges attitudes that dehumanise or stereotype others.	Recognises that their duty of care for their patients extends beyond the immediate team and spans the NHS and other services.
Promoting an environment of inclusivity, safety, cultural humility and freedom to speak up	Demonstrates cultural insensitivity. Does not demonstrate changed behaviour after receiving feedback on attitudinal issues. Is rigid and inappropriately vocal in attitudes. Stops others speaking up about issues that should be questioned.	Provides culturally sensitive healthcare, conscious of their own perspectives towards others. Considers new cultural ideas and their implications for health provision and behaviours.	Actively promotes a culture of inclusion where everyone is welcome in general practice, regardless of background or any protected characteristics.	Actively supports and harnesses differences between people for the benefit of the organisation and patients alike.

Communicating and consulting

This capability covers communicating with patients, the use of recognised consultation techniques, establishing and maintaining patient partnerships, managing challenging consultations, third-party consulting, the use of interpreters and consulting modalities across the range of in-person and remote methods (including online, telephone and video).

McWhinney's Textbook of Family Medicine[11] identifies 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. 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 considering patient preferences and expectations at every step in a patient-centred consultation. 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. Patient-reported quality of primary care and satisfaction with care are strongly linked with the person-focused model and confirm its value. Person-centred care places great emphasis on the continuity of the relationship process.

Establishing an effective partnership through a range of in-person and remote consulting modalities

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
    - developing communication skills tailored to the range of consulting modalities you may encounter, including in-person, telephone, video and online consultations.
    - building rapport and trust, for example through empathy and active listening
    - acknowledging and respecting the diversity of the patients you see
    - being aware of subjectivity in the medical relationship (such as personal feelings, values and attitudes), both those of the patient and your own

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[11] Freeman, Thomas R., McWhinney's Textbook of Family Medicine, 4 edn (New York, 2016; online edn, Oxford Academic, 1 Apr. 2016), https://doi.org/10.1093/med/9780199370689.001.0001, accessed 4 Jan. 2025.

- o communicating findings in a comprehensible way, helping patients to reflect on their own concepts and finding common ground for further decision-making
- o making decisions that respect each patient's autonomy, incorporating the patient's perspective when negotiating the management plan
- o flexibly and efficiently achieving consultation tasks in the context of limited time or challenging circumstances (for example, with distressed patients or carers)
- o providing explanations that are relevant and understandable to patients and carers, using language appropriate to a patient's understanding
- o exploring the patient's and carer's understanding of what has taken place in the consultation.

Managing the additional challenge of consultations with patients who have communication needs or who have different languages, cultures, beliefs and educational backgrounds to your own

Learning outcomes:

- Provide easy access to professional interpreters when required, be aware of their role in the consultation and use a variety of communication techniques and materials to adapt explanations to the needs of the patient and carer.
- Adapt to patients' needs and preferences regarding choice of consultation modality (for example because of lack of technological confidence, language differences or poor access to the internet).
- Adapt communication approaches or use appropriate communication aids for people with, for example, visual or hearing loss or learning disability.
- Enhance health literacy in patients from a range of backgrounds by providing tailored information, facilitating communication and checking understanding, as appropriate.
- Develop a range of communication skills that can be tailored to each patient's individual needs and preferences and adapted to the clinical context (such as when immediate action is needed), using time effectively within the consultation.
- Integrate 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 manage self-care.

Maintaining continuing relationships 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.
- Use a range of consulting modalities appropriately, both in-person and remote (such as via video, telephone or online), to optimise both access to care and continuity of care.
- Manage an appropriate emotional proximity to your patients, taking action to re-establish professional boundaries when required.

- Manage the effects of complaints (whether against you or your team, or your patient) taking steps to facilitate a constructive approach 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 or 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 relevant 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 – Communicating and consulting

Communicating and consulting				
Communicating with patients, the use of recognised consultation techniques, establishing and maintaining patient partnerships, managing challenging consultations, third-party consulting, the use of interpreters and consulting modalities across the range of in-person and remote				
GPC: professional skills MRCGP: SCA; WPBA: CATs, COTs, MiniCEX, MSF, PSQ, CSR				
Learning outcomes	Indicators of potential underperformance	Needs further development (expected by end of ST2)	Competent for licensing (required by CCT)	Excellent
Establishing an effective partnership with the patient through a range of in-person and remote consulting modalities	Does not establish rapport with the patient. Misses or ignores significant cues. Is unable to consult within timescales that are appropriate to the stage of training.	Consults to an acceptable standard but lacks focus and requires longer consultation times. Adopts a basic personalised approach to care. Communicates in a way that seeks to establish a shared understanding and patient involvement. Adapts communication to the mode of consultation. Uses knowledge of a range of consultation	Uses the most appropriate mode of consultation, including in-person and remote, taking account of individual patient needs, preferences and safety. Explores the patient's understanding of what has taken place. Uses the patient's understanding to help improve the explanation offered. Works in partnership with the patient, agreeing a shared plan that respects the patient's priorities and	Uses advanced consultation skills, such as confrontation or catharsis, to achieve better patient outcomes. Consults effectively in a focused manner, moving beyond the essential to take a holistic view of the patient's needs within the time frame of a normal consultation.

		models or theories.	preference for involvement. Consults in an organised and structured way, achieving the main tasks of the consultation in a timely manner.	
Managing the additional challenge of consultations with patients who have particular communication needs or who have different languages, cultures, beliefs and educational backgrounds to your own	Makes inappropriate assumptions about the patient's agenda. Has a blinkered approach and is unable to adapt the consultation, despite cues or new information. Uses stock phrases or inappropriate medical jargon rather than tailoring the language to the patient's needs and context.	Uses language and explanations that are technically correct but not consistently tailored to the needs and characteristics of the patient. Understands the need for effective consulting and developing an awareness of the wide range of consultation models that might be used. Takes steps to address barriers to communication, including use of interpreters.	Explores the patient's agenda, health beliefs and preferences. Uses language that considers the needs and characteristics of the patient, for instance when talking to children or patients with learning disabilities. Manages consultations effectively with patients who have communication needs, different languages, cultures, beliefs or educational backgrounds.	Uses a variety of advanced or innovative communication techniques and resources adapted to the needs of the patient, respecting individual characteristics and differences.
Maintaining continuing relationships with patients, carers and families	Does not give space and time to the patient when this is needed.	Develops a relationship with the patient that is effective but focused on the	Demonstrates a constructive and flexible approach to consulting.	Whenever possible, adopts plans that respect the patient's autonomy.

	Repeatedly ignores the input of carers or families within consultations	problem rather than the patient.

Elicits psychological and social information to place the patient's problem in context. | Facilitates and encourages a trusted long-term relationship with 'their' doctor, using the consultation to improve access to care and enhance continuity of care. | When there is a difference of opinion the patient's autonomy is respected and a positive relationship is maintained. |

Area of capability: Applying clinical knowledge and skill

The earlier stages of training (for example ST1 and ST2) are predominantly spent in non-primary care environments, when 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 (such as 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 (for example 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 context, mindset, approaches and values that underpin community-based generalist practice and will make your subsequent training experiences more effective (particularly if you have limited previous experience of UK general practice). It will help you take steps to understand how care can be more personalised and enhanced through an integrated and multiprofessional approach. It will also enable you to make the most effective use of the wider health and social care resources available to patients and families.

Data gathering and interpretation

This capability includes the gathering, interpretation and use of data for clinical judgement, including information gathered from the patient history, clinical records, examination and investigations.

Applying an organised 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, as well as which elements of the physical examination 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 scope or ability 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 and allowing diagnostic information to be integrated over time. This may, on occasion, include making a conscious decision with the patient not to undertake further investigations.
- Enhance your clinical decision-making through effective and timely record-keeping, information sharing, data management and monitoring of care.

Interpreting findings accurately and appropriately

Learning outcomes:

- Recognise 'red flags' and other indicators of high risk, responding promptly and effectively when these occur.
- 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.
- Demonstrate proficiency in identifying self-limiting health conditions that commonly present in an unselected population that might require self-care rather than medical intervention.
- Identify the mechanisms through which apparently simple health problems may become chronic, complex and severe (known as 'yellow flags').

Progression point descriptors – Data gathering and interpretation

Data gathering and interpretation				
Gathering, interpretation and use of data for clinical judgement, including information gathered from the history, clinical records, examination and investigations				
GPC: professional skills MRCGP: AKT; SCA; WPBA: CATs, COTs, MiniCEX, QIP, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Applying an organised approach to data gathering and investigation	Has an approach that is disorganised, inflexible or inefficient. Does not use significant data as a prompt to gather further information. Does not look for appropriate red flags.	Accumulates information in a formulaic way or gathers more than is required. Selects examinations and investigations that are broadly in line with the patient's problems. Demonstrates a limited range of data gathering styles and methods.	Gathers information systematically using questions appropriately targeted to the problem. Understands the importance of, and makes appropriate use of, existing information about the problem and the patient's context. Demonstrates different styles of data gathering and adapts these to a wide range of patients and situations.	Identifies expertly the nature and scope of enquiry needed to investigate the problem, or multiple problems, within a short time frame. Prioritises problems in a way that enhances patient satisfaction. Gathers information in a wide range of circumstances and across all patient groups (including their family and representatives) in a sensitive, empathic and ethical manner.
Interpreting findings accurately and appropriately	Fails to identify normality. Examination technique is poor. Fails to identify significant physical	Identifies abnormal findings and results. Displays an appropriate level of knowledge of clinical norms, measurements and	Chooses examinations and targets investigations appropriately and efficiently.	Uses the predictive value of symptoms, signs and investigations according to the features of the WPBA work and local population and applies

| | or psychological signs. | investigations and is aware of how these relate to the patient's condition. | Understands the significance and implications of findings and results and takes appropriate action.

Uses a stepwise approach, basing further enquiries, examinations and tests on what is already known and what is later discovered. | this knowledge to their decision-making. |
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Clinical Examination and Procedural Skills (CEPS)

By the end of training, the GP registrar must have demonstrated competence in general and systemic examinations of all the clinical curriculum areas. This includes the five GMC-mandated examinations and a range of additional Clinical Examination and Procedural Skills relevant to General Practice which demonstrate clinical competence.

Demonstrating a proficient approach to clinical examination and performance of procedures

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 ensure timely access if you are not able to do it).
- Adopt a targeted and systematic approach to clinical examination, recognising normal and abnormal findings and tailoring further examinations accordingly.
- Demonstrate communication techniques that ensure that the patient understands the nature and purpose of the examination, what will happen and the role of the chaperone, and respond non-judgementally if consent is declined
- Identify cultural and ethical issues relating to examinations (such as the removal of clothing) and discuss these sensitively with the patient, recognising that different examinations may be perceived as intimate, depending on individual and cultural factors.
- Organise the place of examination to provide the patient with privacy and to respect their dignity, arranging for a suitable chaperone when one is requested by the patient or doctor.
- Perform and accurately interpret focused examinations in challenging circumstances (such as 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.

Demonstrating 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, physical capability and the patient's preferences.
- Communicate throughout a procedure to put the patient at ease, monitor their condition, minimise discomfort and ensure that they are 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.
- Demonstrate appropriate onward referral for a procedure when this falls outside your area of competence or capability.
- Arrange aftercare and follow-up.
- 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

Clinical examination and procedural skills				
Demonstrating competence in general and systemic examinations of all the clinical curriculum areas, including the five mandatory examinations and a range of skills relevant to general practice				
GPC: professional skills MRCGP: SCA; WPBA: CEPS, COTs, MiniCEX, QIP, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Demonstrating a proficient approach to clinical examination and procedural skills	Fails to explain the purpose of the examination. Fails to examine when the history suggests conditions that might be confirmed or excluded by examination. Performs inappropriate overexamination. Fails to obtain informed consent for the procedure. Causes undue upset or distress by the examination.	Undertakes examination when appropriate and demonstrates all the basic examination skills needed as a GP. Elicits relevant clinical signs, both normal and abnormal. Suggests appropriate examinations and procedures related to the patient's problem(s). Conducts examination sensitively and without causing the patient harm. Shows awareness of personal limitations and boundaries in clinical examination.	Conducts examinations targeted to the patient's problems. Interprets physical signs accurately. Varies procedure options according to circumstances and the preferences of the patient. Identifies and reflects on ethical issues with regard to examination and procedural skills. Recognises and acknowledges the patient's concerns before and during the examination and puts them at ease. Shows awareness of the medico-legal background, informed consent,	Demonstrates a range of procedural skills to a high standard, such as joint injections, minor surgery and fitting contraceptive devices. Engages with quality improvement initiatives with regard to examination and procedural skills. Contributes to the development of systems that reduce risk in clinical examination and procedural skills.

		Performs examinations and procedures with the patient's consent and with a clinically justifiable reason to do so. Arranges the place of the examination to give the patient privacy and respect their dignity. Observes the professional codes of practice, including the use of chaperones.	mental capacity and the best interests of the patient. 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.	

Decision-making and diagnosis

The capability covers adopting a conscious, organised approach to making decisions that are tailored to the particular circumstances in which they are required.

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 non-primary 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."[12] Although this polarises the two situations, it provides some useful pointers on how differences in approach can arise in specific clinical contexts.

Adopting appropriate decision-making principles based on a shared understanding

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 early, undifferentiated presentations by integrating available information to make your best assessment of risk to the patient.
- Recognise 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.

Using best available, current, valid and relevant evidence

Learning outcomes:

- Throughout your career, you should know the science that is relevant to your role and necessary to keep up to date with progress in your field. This includes elements of:
    - epidemiology and the determinants of health and illness
    - pathology, natural history of disease and prognosis
    - therapeutics, pharmacology and non-drug therapies
    - evidence-based practice, research methodology, statistics and critical appraisal

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[12] Marinker M (1989) General practice and the social market (Social Market Foundation, London)

- o   health promotion, preventative healthcare and harm reduction
- o   consultation and communication theory
- o   adult educational and reflective learning theory
- o   decision-making, reasoning and problem-solving theory
- o   complexity and systems theory
- o   health economics, financing, commissioning and service design
- o   leadership, management and quality improvement science
- o   ethical and governance principles relating to evidence-informed practice.
- Use the best available evidence in your decision-making and apply critical thinking to appraise the literature, recognising the strengths and limitations of evidence-based practice.
- Apply knowledge of the epidemiology of disease to your decision-making.
- Integrate science, evidence-informed practice, person-centredness and shared care planning approaches to decisions on when to initiate, review or discontinue investigations or therapeutic interventions.
- Know how to approach clinical decision-making when scientific evidence is limited or absent.
- Identify gaps in current evidence and contribute to recommendations for future research.

Progression point descriptors – Decision-making and diagnosis

Decision-making and diagnosis				
Adopting a conscious, organised approach to making diagnosis and decisions that are tailored to the particular circumstances in which they are required				
GPC: professional skills MRCGP: AKT; SCA; WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, Prescribing, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2**	**Competent for licensing (required by CCT)**	**Excellent**
Adopting appropriate decision-making principles based on a shared understanding	Is indecisive, illogical, or incorrect in decision-making. Is dogmatic or closed to other ideas. Too frequently has late or missed diagnoses. Fails to consider serious possibilities.	Generates differential diagnoses that may be too narrow or broad. Generates and tests appropriate hypotheses. Develops independent skills in decision-making and uses the support of others to confirm these are correct. Uses decision aids (such as algorithms and risk calculators) for straightforward clinical decisions.	Makes diagnoses in a structured way using a problem-solving method. Thinks flexibly around problems, generating functional solutions. Demonstrates confidence in, and takes ownership of, own decisions while being aware of own limitations. Demonstrates rapid and safe decision-making when managing urgent clinical situations and when it is appropriate to defer an action. Uses pattern recognition to identify diagnoses quickly, safely and reliably.	Understands the benefits and limitations of pattern recognition and an analytical approach, and knows how to use them concurrently. Reflects appropriately on complex decisions and develops mechanisms to be comfortable with these choices.

			Keeps an open mind and is able to adjust and revise decisions and diagnoses when considering new relevant information. Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis.	
Using best available, current, valid and relevant evidence	Ignores relevant guidelines.	Justifies chosen options with evidence. Is aware of personal limitations in knowledge and experience.	Uses an understanding of probability, based on prevalence, incidence and natural history of illness, to aid decision-making.	Justifies discretionary judgement, no longer relying on rules and protocols in situations of uncertainty or complexity, for example in patients with multiple problems.

Clinical management

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

General practice is primarily focused on individuals with a complex mix of problems. A key issue in the management of complex problems is that of coexisting long-term conditions, known as multimorbidity. The vast majority of management of long-term conditions rests with general practice (with 90% of NHS contacts occurring here), so 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.

Providing collaborative clinical care to patients that supports their autonomy

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:
    - infants, children and young people
    - people with mental health problems
    - acutely ill people
    - pregnant women, perinatal women and new parents
    - people with learning, physical or sensory disabilities
    - people with addictions
    - gay, lesbian, bisexual and transgender (LGBTQ+) people
    - migrants, refugees and asylum seekers
    - older adults 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 life stages 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

- o recovery and rehabilitation care
- o community-based palliative and end-of-life care.

Using a reasoned approach to clinical management that includes supported self-care

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:
    - o considering the likely causes, natural histories, trajectories and impacts of the patient's health problems
    - o differentiating between self-limiting and other conditions, encouraging appropriate self-care and reducing inappropriate medicalisation
    - o integrating non-drug approaches into treatment plans, such as psychological therapies, physical therapies and surgical interventions
    - o offering appropriate evidence-based management options, varying these according to the circumstances, priorities and preferences of those involved
    - o monitoring the patient's progress to identify unexpected deviations from the anticipated path quickly.
- Demonstrate safe and appropriate prescribing, repeat prescribing, medication review and medication management in the community context, by:
    - o making safe and appropriate prescribing decisions
    - o routinely using recognised sources of drug information, checking on interactions and side effects and following organisational guidance
    - o prescribing cost-effectively and being able to justify your decision when you do not follow this principle
    - o seeking advice on prescribing when appropriate.
- Give appropriate 'safety-netting advice' on what features the patient should look out for to reduce risk, as well as checking the patient's and carer's understanding of when and how they should seek further medical help.
- Implement adequate follow-up arrangements, for example 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, for example through good record-keeping and fostering long-term clinician–patient relationships.

Making appropriate use of other professionals and services

Learning outcomes:

- Refer appropriately to other professionals and services, by:
    - o considering alternatives to formal referral where appropriate (such as email advice systems)

- o predicting sources of delay and taking steps to avoid these where appropriate (for example, by organising investigations in advance so that the results are available to your colleagues)
  - o using referral systems and writing referral letters, using relevant information and explanations
  - o acting as an advocate for the patient and their carers as they navigate the health and care system
  - o 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.

Providing 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 frontline practitioner.
- 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, as well as considering the needs of their carers and family.

Progression point descriptors – Clinical management

Clinical management				
The recognition and a generalist's management of patients' problems				
GPC: professional knowledge; professional skills MRCGP: AKT; SCA; WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Providing collaborative clinical care to patients that supports their autonomy	Ignores and overrides the wishes of the patient. Adopts a 'doctor knows best' approach.	Develops knowledge and skills to provide care to patients of all backgrounds, ages and life stages.	Adapts the clinical approach to provide comprehensive care to patients who have individual perspectives and health and care needs. Coordinates care for patients of all backgrounds, ages and life stages.	Identifies and develops strategies to improve co-ordination and collaborative care for individual patients of all backgrounds, ages and life stages. Designs or improves services for identified groups of patients.
Using a reasoned approach to clinical management that includes supported self-care	Fails to follow up appropriately. Fails to safety net. Multiple incidences of unsafe prescribing.	Facilitates continuity of care for the patient's problem, for example through effective record-keeping. Uses safe management plans, taking into account the	Provides comprehensive continuity of care, taking into account the patient's problems and their social situation. Varies management options responsively	Empowers the patient with confidence to manage problems independently, together with knowledge of when to seek further help. Challenges unrealistic patient

		preference of the patient. Shows knowledge of available interventions. Considers and arranges follow-up based on patient need. Prescribes safely, including routinely checking on drug interactions and side effects. Gives appropriate and specific safety-netting advice.	according to the circumstances, priorities and preferences of those involved. Considers a 'wait and see' approach where appropriate. Uses effective prioritisation of problems when the patient presents with multiple issues. Offers a variety of follow-up arrangements that are safe and appropriate. Prescribes safely and applies local and national guidelines, including drug and non-drug therapies. Reviews the patient's medication in terms of evidence-based prescribing, cost-effectiveness and patient understanding.	expectations and consulting patterns with regard to follow-up of current and future problems. Develops systems for drug monitoring and safety alerts.
Making appropriate use of other	Asks for help inappropriately, either too much or too little.	Understands and makes referrals, considering alternative	Refers appropriately, taking into account all	Identifies areas for improvement in referral

| professionals and services | | pathways where appropriate. | available resources.

Advocates for the patient and their carers as they navigate the health and care system.

Organises follow-up of patients through multiprofessional, team-based and structured approaches. | processes and pathways and contributes to quality improvement. |
|---|---|---|---|---|
| Providing urgent care when needed | Lacks skills and knowledge in emergency care or is unwilling to respond in such situations. | Recognises acute care as part of the wider continuum of patient care. | Responds rapidly and skilfully to emergencies, with appropriate follow- up for the patient and their family.

Coordinates care both within the practice team and with other services. | Contributes to reflection on emergencies as significant events and how these can be used to improve patient care in the future. |

Area of capability: Managing complex and long-term care

Medical complexity

Many aspects of care extend beyond addressing straightforward problems. Medical complexity includes a team-based approach to managing multimorbidity, acute and long-term conditions, as well as management of uncertainty and risk. It also encompasses appropriate referral, the planning, delivery and organising of complex care, and promoting rehabilitation and recovery. This may include 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.

As a GP you need to simultaneously address multiple complaints and comorbidities in the patients you
care for. You will need to be able to encourage patient autonomy while co-ordinating all aspects of health promotion and disease prevention. This can be done opportunistically and as part of a structured approach, using other professionals in your primary care team where appropriate. It requires working 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 GP, 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.

Co-ordination of care also means that you must be skilled not only in managing disease and prevention, but also in caring for your patient. As a GP, you should use an evidence-based approach to the care of patients, including when the focus is the promotion of your patient's health and general wellbeing. 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 wellbeing by considering personality, family, daily life, economic circumstances and physical and social surroundings.

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

Learning outcomes:

- Maintain a positive attitude and use strategies to optimise the wellbeing 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, that is, 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 their health, including home circumstances, education, occupation, employment and social and family situation. Offer support to the patient in addressing these factors.

Using a personalised approach to manage and monitor concurrent health problems for individual patients

Learning outcomes:

- Recognise how health conditions commonly coexist and interact.
- Demonstrate a person-centred approach to identify, clarify and prioritise the issues that matter to an individual with multiple problems.
- Demonstrate a reasoned approach to the review of patients with multiple problems, especially older adults, appreciating that multiple problems are often interconnected.
- Demonstrate an ability to establish partnerships with individuals and carers to prioritise investigations and treatments.
- Implement measures to minimise the overall individual treatment burden, such as polypharmacy and multiple interventions.

Managing risk and uncertainty while adopting safe and effective approaches for patients with complex 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 (such as learning disability).
- Recognise the limitations and challenges of applying existing clinical evidence and take a critical approach to the application of multiple clinical protocols while balancing risk and benefit.
- Recognise the limitations of protocol-driven ways of making decisions and explore ways of dealing with these situations with the patient and their carers, and consulting colleagues when appropriate.
- 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 management of their condition, assisting them to tolerate diagnostic uncertainty when appropriate and to refocus on optimising their health and wellbeing.

- Recognise the importance of reflecting on your interaction with complex problems and on the outcomes of patient care to integrate this knowledge into your previous experience and improve your capability in providing effective care.

Co-ordinating and overseeing patient care across healthcare systems

Learning outcomes:

- Take responsibility for planning and co-ordinating all of an individual's concurrent health needs.
- Provide continuity of care either personally or across teams and systems.
- Recognise the risk to patient's health and the healthcare costs that arise when care is inappropriate, fragmented or uncoordinated.
- Demonstrate the ability to support patients in navigating along and between care pathways, enabling them to access appropriate team members and services in a timely and cost-effective manner.

Progression point descriptors – Medical complexity

Medical complexity				
Care extending beyond the acute problem, including the management of comorbidity, uncertainty, risk and health promotion				
GPC: professional skills MRCGP: SCA; WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Enabling people with long-term conditions to optimise their health	Focuses only on immediate problems, without considering their long-term implications.	Recognises the impact of the patient's lifestyle, circumstances and environment on their health.	Encourages the patient to participate in appropriate health promotion and disease prevention strategies. Supports the patient in addressing social and environmental factors. Continually encourages improvement and rehabilitation and, where appropriate, recovery. Actively facilitates continuity of care for patients with complex needs.	Coordinates a team-based approach to health promotion in its widest sense, including using non-NHS resources.

Using a personalised approach to manage and monitor concurrent health problems for individual patients	Fails to suggest ways to move forward in uncertain or complex circumstances and defaults to medical models of care.	Identifies and recognises multiple health issues in individuals. Encourages a person-centred approach to consider the issues that matter to an individual with multiple problems.	Demonstrates a reasoned approach to simultaneously managing multiple health problems. Establishes partnerships that enable a patient-centred approach to optimise care.	Adopts a personalised care approach to monitoring, adjusting and managing concurrent health problems.
Managing risk and uncertainty while adopting safe and effective approaches for patients with complex needs	Inappropriately burdens the patient with uncertainty.	Identifies and tolerates clinical risks and uncertainties in the consultation. Attempts to prioritise management options based on an assessment of patient risk. Manages patients with multiple problems with reference to appropriate guidelines for each condition.	Manages uncertainty and communicates risk effectively. Recognises the limitations of protocols in making decisions and explores ways of dealing with these situations with the patient and carers, consulting with colleagues when appropriate.	Anticipates and employs a variety of strategies for managing uncertainty. Moves comfortably beyond single condition guidelines and protocols in situations of multimorbidity and polypharmacy, while maintaining the patient's trust. Uses the patient's perception of risk to enhance the management plan.
Co-ordinating and overseeing patient care across health systems	Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement.	Demonstrates awareness of the importance of continuity of care for patients with complex needs.	Actively facilitates continuity of care for patients with complex needs, either personally or across teams.	Supports individuals in 'navigating' clinical pathways and continually coordinates their care.

Team working

Working effectively with other professionals is essential to good patient care. It includes sharing information with colleagues, acting as an effective service navigator and using the skills of the multiprofessional team optimally in both primary and non-primary care environments. Leadership, management and team working skills should be adapted and applied to real-life practice. GP education must promote learning that integrates different disciplines within the complex teams of the NHS and supports career development for yourself and colleagues.

Working as an effective member of multiprofessional and diverse teams

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.
- Seek advice from colleagues when encountering problems in following agreed protocols and policies for personal or professional reasons.
- Use skills such as active listening and problem solving to improve communication with colleagues.
- Optimise a positive attitude to the opportunities, assets and potential offered by diversity within a team.
- Enhance working relationships by demonstrating understanding, giving effective feedback and maintaining trust.
- Contribute to a team culture that encourages contributions, values co-operation and inclusiveness and commits to continuing improvement and preserving a patient-centred focus.
- 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.

Leading and co-ordinating a team-based approach to patient care

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:
  o supporting patients to self-care
  o shared care planning with patients and carers
  o monitoring and surveillance of long-term conditions
  o recovery and rehabilitation after serious illness or injury
  o palliative and end-of-life care.
- 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 (for example, 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, co-ordination and appropriate communication channels.
- Use the medical record and other communication systems to facilitate continuity of care via the transfer of information and care within multidisciplinary teams.

Progression point descriptors – Team working

Team working				
Working effectively with others to ensure good patient care, including the sharing of information with colleagues and using the skills of a multiprofessional team				
GPC: professional values; leadership MRCGP: WPBA: CATs, COTs, MiniCEX, Leadership MSF, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Working as an effective member of multiprofessional and diverse teams	Works principally in isolation. Gives little support to other team members. Does not appreciate the value of the team. Inappropriately leaves their work for others to pick up. Feedback (formal or informal) from colleagues raises concerns.	Understands and respects the roles, skills and responsibilities of other team members. Responds to communications from other team members in a timely and constructive manner. Engages with, and is accessible to, other members of the team. Understands the importance of integrating themselves into the various teams in which they participate. Shows awareness of the diversity within the team and the potential this offers.	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Understands the context within which different team members are working. Appreciates the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals. Communicates proactively with team members so that patient care is enhanced, using an appropriate mode of communication for the circumstances. Contributes positively to teams	Leads a team-based approach to enhance patient care. Approaches team development positively and creatively. Uses the strengths and weaknesses of each team member to improve the effectiveness of the whole team. Understands group dynamics and uses these to effect change. Encourages the contribution of others, employing a

			and reflects on how they work and the members interact. Fosters a positive attitude to the opportunity and potential of a diverse team.	range of skills including active listening.
Leading and co-ordinating a team-based approach to patient care	Works in isolation and does not interact with other members of the team.	Shows awareness of the GP's role as a leader and coordinator of a team-based approach to patient care. Uses medical records to communicate with other professionals and services to facilitate effective transfer of clinical information. Seeks advice from other professionals and team members where appropriate.	Anticipates and manages the problems that arise at the interfaces between different healthcare professionals, services and organisations. Supports the transition of patient care between professionals and teams. Uses the skills of the wider team to enhance patient care.	Demonstrates the ability to work across professional, service and organisational boundaries, such as participation in multi-agency review.

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 teams and organisations, and in guiding patients through services and systems of care, which you may also help develop, lead or improve.

As a professional learner, you will need to develop systems to manage your own performance, education and career-long development. You will also need to support and contribute to the development of multiprofessional teams.

GPs in all UK nations are increasingly participating in more integrated systems of care. You will therefore also need to develop the transferable 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 organisations.

Performance, learning and teaching

This capability covers continuously improving performance, self-directed adult learning and effective continuing professional development (CPD), both for yourself and to support the learning of others. It includes leading clinical care and service development, as well as participating in quality improvement and research activity.

Although general practice is a highly context-dependent and individually focused discipline, it should be informed by a solid foundation of evidence. The management of your patients should, wherever possible, be supported by sound evidence that has been peer-reviewed and published. As a GP you should be able to search, collect, understand and critically appraise scientific research. You should also understand when it is appropriate to apply such evidence to your clinical practice or educational activities, and when to consider a more flexible approach that includes other types of knowledge, such as knowledge acquired from experience.

Critically reflecting on 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 are essential capabilities for every GP.

Continuously evaluating and improving the care you provide

Learning outcomes:

- Show commitment to 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 through developing targeted personal development plans (PDPs).
- Regularly obtain and act on feedback from patients and colleagues on your own performance as a practitioner.
- Systematically evaluate personal performance and learning processes 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 resulting 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.

Adopting a safe and evidence-informed approach to improve quality of care

Learning outcomes:

- Use equipment safely and comply with safety protocols and directions.
- Follow infection-control protocols and demonstrate handwashing 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 and work environment 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.

Supporting the education and professional development of others

Learning outcomes:

- Recognise that it is the duty of every doctor to contribute to the education and professional development of colleagues and team members.
- 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, and raise 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 – Performance, learning and teaching

Performance, learning and teaching				
Maintaining the performance and effective continuing professional development (CPD) of yourself and others, sharing the evidence for these activities in a timely manner in the portfolio				
GPC: education MRCGP: WPBA: CATs, QIP, Leadership, MSF, CSR				
Learning outcome	Indicators of potential underperformance	Needs further development (expected by end of ST2)	Competent for licensing (required by CCT)	Excellent
Continuously evaluating and improving the care you provide	Fails to engage with the portfolio, for example entries are scant, reflection is poor, the PDP is not used or required assessments are not completed. Reacts with resistance to feedback. Fails to make adequate educational progress. Fails to address identified learning needs.	Demonstrates clinical curiosity and reflective practice, engaging in learning identified through clinical learning needs. Provides evidence of identifying and addressing learning needs using PDPs. Obtains and acts on feedback from patients and colleagues regarding practitioner performance. Adapts behaviour positively in response to the clinical governance activities of the organisation, including quality improvement activities and	Judges the weight of evidence, using critical appraisal skills to inform decision-making. Shows a commitment to professional development through reflection on performance and the identification of personal learning needs. Addresses learning needs using targeted PDPs and demonstrates integration into future professional practice. Systematically evaluates performance and learning against external standards, using this information to inform their learning. Engages in learning event reviews in a	Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions. Encourages and facilitates participation and application of clinical governance activities by involving the practice, the wider primary care team and other organisations.

		learning event analyses.	timely and effective manner and promotes learning from these as a team-based exercise.	
Adopting a safe and evidence-informed approach to improve quality of care	Does not follow infection-control protocols. Recklessly overlooks established safety protocols and disregards patient wellbeing in care.	Recognises situations where patient safety could be compromised and takes action to address this. Knows how to access the available evidence, including the medical literature, clinical performance standards and guidelines for patient care. Uses equipment safely and complies with safety protocols. Identifies the potential for spread of infection and takes measures to reduce the risk.	Participates in quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance, sharing their learning. Measures and monitors the outcomes of care to ensure the safety and effectiveness of the services provided.	Uses professional judgement to decide when to initiate and develop protocols and when to challenge their use.
Supporting the education and professional development of colleagues	Does not show interest in or engage with developing the learning of colleagues or other team members.	Contributes to the education of others. Participates in wider learning activities.	Identifies learning objectives and preferences, using appropriate methods to teach others. Participates in the evaluation and personal development of other team	Engages in the supervision of students and colleagues. Constructs teaching plans, evaluates the outcome of teaching sessions and seeks

			members, including providing feedback.	feedback to enable reflection on performance.

Organisation, management and leadership

This capability involves understanding organisations and systems, including the appropriate use of administration systems, the importance of effective record-keeping and the use of data and information technology for the benefit of patient care. It includes using structured care planning as well as modern 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 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 that provide patients with an increasing range of access to general practice care.

Advocating for medical generalism in healthcare

Learning outcomes:

- Recognise the importance of generalism in co-ordinating patient care and providing a point of contact bridging all parts of the NHS.
- Demonstrate skill in incorporating all aspects of health affecting patients, including physical, mental, psychological and social factors.
- Demonstrate a person-centred approach to ill health and promoting wellness.
- Acknowledge that generalism involves a high degree of uncertainty and the need to accept and balance risk at individual, community and systems levels.
- Recognise the principles of generalism, including (but not limited to) providing patient-centred care that considers external influences such as population health, environmental factors, health inequality and understanding the impact of broader organisational influences.

Applying 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, modelling professional behaviour 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 variations 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.
- Recognise your responsibility in advocating for yourself and (such as through 'Freedom to speak up'), applying appropriate complaints principles and procedures when required.

Developing 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 (for example for tax, pension, employment and insurance purposes).
- Apply your written and verbal communication skills to build good working relationships with staff, colleagues, patients and relevant external agencies in the practice setting.
- Interpret relevant financial documents relating to your work as a GP.

Making effective use of data, technology and communication systems to provide better patient care

Learning outcomes:

- Use data, technology and information communication 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 and teaching 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. GPs now have a contractual obligation to patients to provide access prospectively to medical record made after November 2023.
- Be aware of information standards.
- Contribute to improvements in the quality of the medical record (such as through development of templates).
- Make effective use of the technology, tools and systems that enable evaluation and improvement of your personal performance (for example through use of reflective portfolios, patient satisfaction surveys, MSF, learning event analysis and other quality improvement tools).
- Adopt the appropriate use of technologies, such as social media and online access to information, to improve the accessibility and quality of services and to enhance health literacy among the public.
- Recognise the benefits and limitations of emerging technologies that sit within the public domain, and the professional responsibility for using them safely and securely.

Progression point descriptors – Organisation, management and leadership

Organisation, management and leadership				
Understanding how primary care is organised within the NHS, how teams are managed and the development of clinical leadership skills				
GPC: leadership MRCGP: AKT, SCA, WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, Prescribing, PSQ, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Advocating for medical generalism in healthcare	Fails to apply a generalist approach in consultations. Demonstrates an overreliance on specialist referrals.	Understands the overarching structure of the UK healthcare system and shows awareness of the range of services available. Recognises the importance of generalism in co-ordinating patient care to provide a point of contact bridging all parts of the NHS.	Applies the principles of generalism, including providing patient-centred care that considers external influences such as population health, environmental factors and health inequalities. Understands the impact of broader organisational influences and pressures.	Manages a high degree of uncertainty and accepts and balances risk at individual, community and systems levels.
Applying leadership skills to help improve your organisation's performance	Fails to provide direction or guidance to teams or works in isolation. Leaves work without finishing	Demonstrates personal organisational, leadership and time management skills so that patients and colleagues are not	Organises self effectively with due consideration for patients and colleagues.	Actively facilitates and evaluates change in the organisation. Takes a lead role in supporting the organisation to

	tasks or handing over. Resistant or obstructive to change. Regularly late or fails to turn up for shifts without notice.	unreasonably inconvenienced or come to any harm. Demonstrates awareness of and responds positively to change in the organisation. Manages own workload responsibly.	Demonstrates effective time management, handover skills, prioritisation, delegation and leadership. Leads and supports change in the organisation, involving and working with the team to deliver defined outcomes. Responds proactively and supportively when services are under pressure in a responsible and considered way. Reports, records and shares safety incidents effectively. Recognises responsibility in advocating for self and colleagues through Freedom to Speak Up.	respond to exceptional pressures.
Developing the financial and business skills required for your role		Shows awareness of the basics of organisational, financial and regulatory	Understands the organisational financial and regulatory frameworks	Understands the role and responsibilities of the partnership

		frameworks within primary care.	within primary care.	model and/or service delivery.
Making effective use of data, technology and communication systems to provide better patient care	Focuses on the computer rather than the patient. Records show poor entries, for example too short, too long or unfocused, failing to code properly, respond to prompts or to write contemporaneous accurate records.	Uses the clinical computer systems during patient contacts, routinely recording each clinical contact in a timely manner following the record-keeping standards of the organisation.	Uses the primary care organisational and IT systems routinely and effectively in patient care. Uses the IT system during consultations while maintaining rapport with the patient. Produces records that are accurate, comprehensive, concise, appropriately coded and understandable.	Uses and modifies organisational and IT systems to facilitate clinical care and governance.

Area of capability: Caring for the whole person, the wider community and the environment

By routinely applying a holistic approach to your growing experience of providing care at the individual, team, organisation and health system levels, you can 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 on biomedical science to incorporate the physical, emotional, social, spiritual, cultural and economic aspects of wellbeing, 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 their family, work, culture and wider community. It also requires the doctor to consider international aspects of health.

Holistic practice, health promotion and safeguarding

This capability considers physical, psychological, socio-economic and cultural dimensions of health. As a generalist medical practitioner, it is imperative to understand that each patient is an individual for whom you should non-judgementally and compassionately acknowledge their thoughts, feelings, values and behaviours in the following settings: health improvement, self-management during illness and recovery, 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".[13]

A key aspect of holistic care is safeguarding the health and welfare of patients, families and local populations. As a GP, 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, such as training on the Prevent duty to tackle radicalisation.

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, treatment or interventions, these will have different meanings for different people. This view acknowledges objective scientific

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[13] Kemper KJ. Holistic pediatrics = good medicine. Pediatrics 2000; 105:214–18
https://doi.org/10.1542/peds.105.S2.214

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 wellbeing.

Demonstrating the holistic mindset of a generalist medical practitioner

Learning outcomes:

- Appreciate that health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.
- Recognise that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition, and your role to facilitate this.
- Enquire routinely into the psychosocial, cultural, and socio-economic aspects of the patient's problem in addition to physical aspects, integrating this information to form a non-judgemental holistic view.
- Interpret each patient's personal story in their unique context with compassion, considering the effects of additional factors that are known to influence an individual's health needs, including educational, occupational, environmental, cultural, 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.

Supporting people through their experiences of health, illness and recovery with a personalised approach

Learning outcomes:

- Recognise that every individual has a unique set of values and experiences of health and illness that may affect their use of the healthcare system, and incorporate this perspective into your decisions without judgement.
- Acknowledge the impact of the problem on the patient, such as how it affects their daily functioning, education, occupation and relationships.
- 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).
- Understand and identify the barriers of patients to attend education or work, and support and promote strategies for reintegration.
- Engage with agencies and carers to enhance patient autonomy and support their self-management during illness and recovery, in addition to promoting health improvement.
- Facilitate individually tailored health literacy and provide evidence-informed support for optimising the patient's lifestyle and wellbeing.

- Demonstrate the skills and assertiveness to challenge unhelpful health beliefs or behaviours while maintaining a continuing and productive relationship.
- Identify those individuals, including young and older people, who play an important role in caring role for others, involve them in management decisions and offer them additional support.

Safeguarding individuals, families and local populations

General practice is one of the key multi-agency safeguarding partners that work together to prevent and stop abuse and neglect. GPs play a crucial role in safeguarding their patients, especially the most vulnerable. The *RCGP safeguarding standards for general practice* (2024) are built on five different areas of safeguarding knowledge and capabilities that can be mapped to the RCGP curriculum.

Learning outcomes:

- Recognise how safeguarding concerns may present in general practice at differing scales, from individuals (such as cases of domestic violence or child abuse) to families, identified populations (for example local schools or care homes) and communities (such as those 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 (such as female genital mutilation, radicalisation and 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 compliance with statutory requirements for adult and child safeguarding, as applicable to your role and working environment.

Progression point descriptors – Holistic practice, health promotion and safeguarding

Holistic practice, health promotion and safeguarding				
Operating in physical, psychological, socio-economic and cultural dimensions. Taking into account patient's feelings and opinions, encouraging health improvement, self-management, preventative medicine and shared care planning with patients and their carers. The skills and knowledge to consider and take appropriate safeguarding actions				
GPC: professional values; health promotion; safeguarding MRCGP: SCA; WPBA: CATs, COTs, QIP, PSQ, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Demonstrating the holistic mindset of a generalist medical practitioner	Treats the disease, not the patient.	Understands that health is a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity. Enquires into physical, psychological and social aspects of the patient's problem. Recognises the impact of the problem on the patient's life. Offers treatment and support for the physical, psychological and social aspects of the patient's problem.	Understands the patient in relation to their socio-economic and cultural background, using this to inform a non-judgemental discussion and enable practical suggestions for managing the patient's problem and putting them at ease. Recognises the impact of the problem on the patient, their family and/or carers. Recognises what matters to the patient and works collaboratively to enhance patient care.	Recognises and shows understanding of the limits of the doctor's ability to intervene in every aspect of holistic patient care.
Supporting people through their	Consistently fails to offer support to the patient and/or	Understands the role of the GP to provide a	Uses appropriate support agencies tailored to the needs	Facilitates appropriate long-term support for

experiences of health, illness and recovery with a personalised approach	their family and carers. Is judgemental, challenges patients without due respect or is rigid or paternal in their approach to patients.	personalised approach to each patient to help promote recovery and a healthy lifestyle, ensuring every contact counts. Recognises that every person has a unique set of values and experiences of health and illness that may affect their use of the healthcare system.	of the patient and/or their family and carers. Demonstrates the skills and assertiveness to challenge unhelpful health beliefs or behaviours, while remaining compassionate and non-judgemental, and maintaining a continuing and productive relationship. Facilitates health improvement and supports self-management during illness and recovery.	patients, their families and carers that is realistic and limits doctor dependence. Makes effective use of tools in health promotion, such as decision aids, to improve health understanding.
Safeguarding individuals, families and local populations	Does not recognise possible signs of adult and child abuse, neglect and other forms of harm. Does not engage with safeguarding processes.	Understands and demonstrates principles of adult and child safeguarding, recognising potential indicators of abuse, neglect or other forms of harm, taking appropriate action.	Seeks to identify those who are vulnerable and reduce the risk of abuse, neglect or other forms of harm. Demonstrates appropriate responses to adult and child safeguarding concerns, including ensuring information is shared and referrals made appropriately.	Demonstrates skills and knowledge to contribute effectively to safeguarding processes and systems within the practice or locality. Contributes to formulating policy documents and communicating effective safeguarding plans for adults or children at risk of abuse, neglect and other forms

				of harm with wider agencies.

Community health and environmental sustainability

The health of individuals is deeply interconnected with the health of populations and the planet. Every individual primary care encounter is influenced by the wider social, economic, political and geographical landscape in which it is embedded. Viewing the clinical encounter through these wider lenses will allow you to acquire, reflect on and reinforce the skills and knowledge needed to adopt an evidence-informed, environmentally sustainable practice.

Your work as a family doctor is determined by the make-up of the community in which your practice is based. Therefore, you must take steps to understand the demographics, advantages and limitations of the community in which you work. You also have an ethical and moral duty to influence health policy in the community and to work with patients and carers to ensure their needs are met.

It is important to understand the health service and your role within it. 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.

Environmental change and other factors such as globalisation are altering the epidemiology of diseases seen in the UK. You must therefore be aware of global health issues and display a responsibility towards global sustainability, protecting the planet and its inhabitants, resources and ecosystems, both as a citizen and in your professional role.

Improving health at the level of the individual, community or wider environment is underpinned by capabilities that are already core to general practice, such as good communication skills, data gathering and managing complexity.

Understanding 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, sustainability and safety of the care you provide.
- Identify local services and how they can be accessed; 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 (for example, through cost-effective, environmentally friendly prescribing).
- Within available resources, demonstrate approaches that balance the needs of individual patients with the health needs of the local community.
- Recognise how the roles and influence of the GP span the healthcare system, including (but not limited to):

- first-contact clinician
- personal doctor and family practitioner
- coordinator of complex and long-term care, balancing acute and chronic 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.

Building relationships with the communities in 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.

Promoting population and planetary health

Learning outcomes:

- Participate in protecting and improving the health of populations.
- Understand and apply the principles of health promotion and disease prevention.
- Apply your understanding of the wider determinants of health to address health inequalities and inequities.
- Use resources and services judiciously, maximising their effectiveness while minimising harm to people and the planet.
- Consider the environmental, social and economic sustainability of health services through measures such as

- o identifying the carbon footprint of different elements of primary care (for example, prescribing, travel, heating, paper and plastics)
    - o appropriate changes to prescribing (for example, use of dry powder inhalers, deprescribing) and patient pathways.
- Assess, monitor, and address the needs of local population groups.
- Understand, assess and communicate risk to individuals and local populations. Consider risks beyond the individual, such as to the wider community and planet.
- Advocate for measures to improve the health of populations and the planet as well as individuals.
- Be aware of planetary health theoretical models (for example, systems thinking, characteristics of sustainable health systems and the Sustainability in Quality Improvement (SusQI) approach)[14].
- Recognise the value of assessing outcomes for patients and populations in relation to their environmental, social and financial impacts.

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[14] https://www.susqi.org/the-susqi-education-project

Progression point descriptors – Community health and environmental sustainability

Community health and environmental sustainability				
Managing the health and social care of the practice population and local community. It incorporates an understanding of the interconnectedness of health of populations and the planet.				
GPC: professional knowledge; health promotion; safeguarding MRCGP: WPBA: CATs, COTs, QIP, MSF, PSQ, CSR				
Learning outcomes	**Indicators of potential underperformance**	**Needs further development (expected by end of ST2)**	**Competent for licensing (required by CCT)**	**Excellent**
Understanding the health service and your role within it	Has a narrow view of healthcare. Exhibits indifference toward the ecological footprint of various NHS components and their environmental consequences. Consistently disregards eco-friendly practices and exhibits a pattern of unsustainable behaviour in their medical practice.	Understands the current structure of the local healthcare system, including the organisations within it. Recognises how the limitation of resources affects healthcare. Accesses local services where appropriate. Appreciates the environmental impact of different parts of the NHS.	Demonstrates the breadth of GP roles across the healthcare system, such as patient advocate, family practitioner, generalist and 'gatekeeper'. Balances the needs of the individual patient, the health needs of local communities and available resources when making referral(s). Undertakes safe and cost-effective prescribing. Follows protocols with appropriate flexibility, incorporating the patient's preference. Makes efforts to practise healthcare in an	Actively participates in helping to develop services that are relevant to local communities and reduce inequalities and/or improve environmental sustainability to improve healthcare.

			environmentally sustainable way.	
Building relationships with the communities in which you work	Shows no interest in understanding the local community.	Identifies the health characteristics of the populations with whom the team works, including their cultural, occupational, epidemiological, environmental, economic and social factors. Identifies groups who may find accessing services harder and the greater health burden associated with this. Understands their professional duty to help tackle health inequalities and resource issues.	Applies an understanding of how the characteristics of the local population shape the provision of care. Takes proactive steps to tackle health inequalities and improve local resource equity. Offers patients non-pharmacological options to treat common issues that are suited to the patient's environment.	Balances the needs of individual patients with the health needs of the local community, available resources, and environmental sustainability, managing any conflicts of interest. Engages with organisations involved in determining and/or providing local community or health services. Develops an understanding of the availability of natural resources (such as parks, green spaces and water) that local communities can access for health.
Promoting population and planetary health	Is wasteful in their use of resources.	Recognises the health of an individual is interconnected with the health of local populations and the planet. Uses an awareness of local resources to enhance patient care while minimising	Considers the environmental, social and economic sustainability of the health service, for example changes to prescribing and considering the carbon footprint. Uses an awareness of the changing	Advocates for improving the health of populations and the planet as well as individuals. Uses planetary health models in day-to-day practice.

| | | inequalities and harm to the planet.

Adopts environmentally sustainable practices by adapting their prescribing or referral behaviours some of the time. | epidemiology caused by planetary health to inform diagnoses and discussions with patients. | Actively identifies overprescribing and overdiagnosis to improve patient safety and practice sustainability. |

Appendices

Appendix 1: Assessment blueprint with capability standards

● = Assessments that can provide strong evidence of capability for CCT
○ = Assessments that can provide some supporting evidence of capability but require triangulation
– = This assessment does not provide evidence of capability

	CAT/CbD	COT	MiniCEX	CEPS	PSQ	MSF/LMSF	CSR	Prescribing	QIP/QIA/LA	WPBA – All	AKT	SCA
Area of capability: 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	○	○	–	–	○	○	○	–	○	●	–	–
Promoting health and wellbeing in yourself and colleagues	○	–	–	–	–	○	○	–	○	●	–	–
An ethical approach												
Treating others fairly and with respect and acting without discrimination or prejudice	○	○	○	○	○	●	●	○	○	●	–	○
Providing care with compassion and kindness	○	○	○	○	○	○	●	–	○	●	–	○
Promoting an environment of inclusivity, safety, cultural humility and freedom to speak up	–	–	–	–	–	○	○	–	○	●	–	–
Communicating and consulting												
Establishing effective partnerships through a range of in-person and remote consulting modalities	○	○	○	○	○	○	●	–	○	●	–	○
Managing the additional challenge of consultations with patients who have particular communication needs, or who have different languages, cultures, beliefs and educational backgrounds, to your own	○	●	○	○	○	○	●	–	○	●	–	○
Maintaining continuing relationships with patients, carers and families	○	○	–	–	○	○	●	–	○	●	–	○

Area of capability: Applying clinical knowledge and skill

Data gathering and interpretation

Applying an organised approach to data gathering and investigation	O	O	O	O	–	O	●	–	O	●	O	●
Interpreting findings accurately and appropriately	O	O	O	O	–	O	●	–	O	●	●	●

Clinical examination and procedural skills

Demonstrating a proficient approach to clinical examination and procedural skills	O	O	O	●	–	O	●	–	O	●	O	–

Decision-making and diagnosis

Adopting appropriate decision-making principles based on shared understanding	O	O	O	O	O	O	●	O	O	●	●	●
Using best available, current, valid and relevant evidence	O	O	O	O	O	O	●	O	O	●	●	●

Clinical management

Providing collaborative clinical care to patients that supports their autonomy	O	O	O	O	O	O	●	O	O	●	●	O
Using a reasoned approach to clinical management that includes supported self-care	O	O	O	O	O	O	●	O	O	●	●	●
Making appropriate use of other professionals and services	O	O	O	O	O	●	●	–	O	●	●	O
Providing urgent care when needed	●	O	O	O	O	O	●	O	O	●	●	O

Area of capability: Managing complex and long-term care

Medical complexity

Enabling people living with long-term conditions to optimise their health	O	O	O	–	O	O	●	–	O	●	●	O
Using a personalised approach to manage and monitor concurrent health problems for individual patients	O	O	O	–	O	O	●	O	O	●	●	O
Managing risk and uncertainty while adopting safe and effective approaches for patients with complex needs	●	●	O	O	O	O	●	O	O	●	●	O
Co-ordinating and overseeing patient care across healthcare systems	O	O	O	–	O	O	O	–	O	●	–	–

Team working

Working as an effective member of multiprofessional and diverse teams	O	O	O	–	–	●	●	–	O	●	–	O
Leading and co-ordinating a team-based approach to patient care	●	O	–	–	–	●	●	–	O	●	–	O

Area of capability: Working well in organisations and systems of care

Performance, learning and teaching

Continuously evaluating and improving the care you provide	●	○	○	○	○	○	○	○	●	●	○	–
Adopting a safe and evidence-informed approach to improve quality of care	○	○	○	○	–	○	●	○	●	●	●	○
Supporting the education and professional development of colleagues	○	–	–	–	–	○	○	–	○	●	–	–

Organisation, management, and leadership

Advocating for medical generalism in healthcare	○	–	–	–	–	○	○	–	○	●	–	–
Applying leadership skills to improve your organisation's performance	●	–	–	–	–	●	●	–	●	●	○	–
Making effective use of data, technology and communication systems to provide better patient care	○	○	○	–	–	○	●	○	●	●	○	○
Developing the financial and business skills required for your role	●	–	–	–	–	○	●	–	○	●	○	–

Area of capability: Caring for the whole person, the wider community and the environment

Holistic practice, health promotion and safeguarding

Demonstrating the holistic mindset of a generalist medical practitioner	●	●	–	●	○	○	●	○	○	●	●	●
Supporting people through their experiences of health, illness and recovery with a personalised approach	●	●	○	–	○	○	●	–	○	●	–	○
Safeguarding individuals, families and local populations	○	○	○	○	○	○	○	–	○	●	●	–

Community health and environmental sustainability

Understanding the health service and your role within it	●	○	○	–	–	○	●	–	●	●	○	○
Building relationships with the communities in which you work	○	–	–	–	○	○	○	–	●	●	–	–
Promoting population and planetary health	○	○	–	–	–	○	○	○	●	●	○	–

Appendix 2: Core capabilities mapped to GMC generic professional capabilities

GMC generic professional capability (GPCs)	Core capabilities for general practice mapped to the GPCs
Professional values	Fitness to practise
	An ethical approach
Professional skills	Communicating and consulting
	Data gathering and interpretation
	Clinical examination and procedural skills
	Medical complexity Decision-making and diagnosis
Professional knowledge	Clinical management
	Community health and environmental sustainability
Health promotion Safeguarding	Holistic practice, health promotion and safeguarding
Leadership	Organisation management and leadership
	Team working
Research Safety and quality improvement Education	Performance, learning and teaching

Appendix 3: Core curriculum capabilities and learning outcomes mapped to GMC's *Good medical practice 2024*

Domains	1. Knowledge, skills and development	2. Patients, partnership and communication	3. Colleagues, culture and safety	4. Trust and professionalism
Knowing yourself and relating to others	• Demonstrate the attitudes and behaviours expected of a good doctor (applies to all GMP domains)	• Establish an effective partnership through a range of in-person and remote consulting modalities • Manage the additional challenge of consultations with patients who have communication needs, or who have different languages, cultures, beliefs and educational backgrounds, to your own • Maintain a continuing relationship with patients, carers and families	• Treat others fairly and with respect, acting without discrimination • Promote health and wellbeing in yourself and colleagues • Promote an environment of inclusivity, safety, cultural humility and freedom to speak up	• Provide care with compassion and kindness • Manage the factors that influence your performance
Applying clinical knowledge and skill	• Apply a structured approach to data gathering and investigation	• Provide collaborative clinical care to patients that supports their autonomy	• Adopt a structured approach to clinical management	• Adopt appropriate decision-making principles • Use best available,

	- Interpret findings accurately to reach a diagnosis - Demonstrate a proficient approach to clinical examination and performance of procedures - Provide general clinical care to patients of all ages and backgrounds	- Use a reasoned approach to clinical management that includes supported self-care - Make appropriate use of other professionals and services	- Provide urgent care when needed	current, valid and relevant evidence - Apply a scientific and evidence-based approach - Provide urgent care when needed
Managing complex and long-term care	- Manage concurrent health problems within an individual patient - Manage risk and uncertainty while adopting safe and effective approaches for patients with complex needs	- Enable people living with long-term health conditions to optimise their health - Use a personalised approach to manage and monitor concurrent health problems for individual patients	- Adopt safe and effective approaches for patients with complex health needs - Work as an effective team member - Lead and coordinate a team-based approach to the care of patients	- Support continuity of care - Coordinate and oversee patient care across healthcare systems
Working in organisations and systems of care	- Adopt a safe and evidence-informed approach to improve quality of care	- Make effective use of data, technology and communication systems to provide better patient care	- Support the education and development of colleagues - Apply leadership skills to improve your organisation's performance	- Advocate for medical generalism in healthcare - Continuously evaluate and improve the care you provide - Develop the financial and

				business skills required for your role
Caring for the whole person, the wider community and the environment	• Demonstrate the holistic mindset of a generalist medical practitioner	• Support people through experiences of health, illness and recovery with a personalised approach • Build relationships with the communities in which you work	• Safeguard individuals, families and local populations • Promote population and planetary health	• Understand the health service and your role within it