



Royal College of
General Practitioners

The RCGP Curriculum: Core Curriculum Statement

1.00: Being a General Practitioner

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Introduction to the RCGP curriculum

This role of a modern GP is varied and challenging – it includes diagnosing a wide range of undifferentiated health problems, treating illness in community and home settings, responding to risk safely and effectively, managing long-term conditions and coordinating care with a range of carers, specialists, providers and other professionals.

As a GP, you must care for an increasingly complex population living with multiple health conditions and taking numerous medications, while being responsive to the changing demographics of the increasingly multi-cultural UK population and NHS workforce. You must also play a role in preventing disease and building health resilience, promoting health literacy and encouraging self-sufficiency in their local populations. As a personal and family practitioner, you must learn to apply a holistic knowledge of the patient and community when engaged in practical care planning through person-centred approaches, such as shared decision-making. In addition, you must work effectively within and between multi-disciplinary services, coordinating and leading care across organisational boundaries and using resources cost-effectively.

This RCGP Curriculum describes the attitudes, skills and expertise required to become a competent General Practitioner in the UK National Health Service. It describes the educational framework that forms the basis of GP specialty training and sets the foundation for career-long development.

How to learn general practice

The majority of your learning for general practice will occur in the workplace, both in general practice itself and in your hospital placements. A key element of professional behaviour requires you to reflect actively on your experiences and incorporate your learning into your daily work with your patients¹. There will also be opportunities for you to learn outside the workplace, through planned educational activities with other healthcare professionals and during formal teaching sessions. In each of the modules of the RCGP curriculum you will find a section which tells you some of the ways you can gain the necessary skills and experience to become an effective GP.

As a GP specialty trainee, your training programme will provide you with unique insights both into the ways in which your patients and their problems are managed in general practice and in the hospital, and into the interface between these care environments. It will also give you a deep understanding of the meaning of the patient pathway and your role in helping your patient to negotiate this. The curriculum modules suggest how you can maximise the benefit of each training placement, as well as the other learning opportunities that are available.

In every placement, patients and carers will teach you about how they manage their illnesses, and, with your encouragement, will help you to become a better GP. They are often experts in managing their illnesses and at handling doctors and the health care system. You should also make the most of the opportunities to learn from the wide range of other colleagues you will work with in the multi-disciplinary team who are involved in caring for your patients, both in hospital and in the community.

As an adult learner² you will have your own distinct learning style and preferences. These will influence how you make use of the learning opportunities during your training programme and beyond, into your lifelong learning as a general practitioner.

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

Ensuring a broad range of experience

To deliver the broad base of skills 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 in professional practice. For this reason, it is important your training in secondary care is grounded in the need to gain competences that apply to the GP's role and working environment.

Attachments in secondary care can provide you with a concentration of clinical experience which would take months or years to achieve in a general practice placement (such as confidence in recognising seriously ill children). You will have the opportunity to see and manage people with

¹ Kolb D. *Experiential Learning* Englewood Cliffs, NJ: Prentice-Hall, 1984

² Knowles M. *The Adult Learner: a neglected species (4th edn)* Houston: Gulf Publishing Company, 1990

serious illness and study their pathway from presentation, admission to hospital and planned discharge, and participate in planning their rehabilitation.

As well as the differences in the clinical material, you will also find that the teams working in primary and secondary care are organised differently and you will be able to compare different approaches.

Training in the earlier stages of the pathway (i.e. ST1-2) should be sufficiently supervised to ensure you adopt a proficient, safe and appropriate approach to clinical assessment and management from the outset. This will enhance effectiveness and ensure patient safety during the latter stages of training, when the level of direct supervision is reduced and the clinical environment becomes more generalist in nature.

Ideally, all GP training programmes should be configured to provide you with adequate opportunities to gain skills in the assessment and management of the full range of the general UK population, as well as more targeted training in the care of patient groups that require a specific approach and skill-set. In addition to the general experience gained in GP placements, such targeted opportunities might include:

Patient group	Examples of relevant training placements/posts in ST1-2
Infants, children and young people	Hospital and community paediatrics services, Children's A&E, integrated services (e.g. 'Learning Together'), children's centres
People with mental health needs	Psychiatry services, CMHT, CAMHS, IAPT, addiction services, student services, 'deep end' practices
Older people with dementia and multiple morbidity	Acute and internal medicine services, geratology, care homes, dementia units, community hospitals, elderly care services, disability and rehabilitation services, end of life care
Acutely ill people requiring urgent assessment and intervention	A&E, acute paed/adult medicine, out-of-hours services, walk-in centres, minor injury units, intermediate care, hospital at home
Women requiring antenatal and postnatal care	Antenatal and maternity services, obstetrics, early pregnancy assessment units, women's health clinics, family interventions

A secondary care training post may of course be configured to provide exposure to more than one patient group simultaneously – for example, a post based in a geratology service with an acute medical on-call commitment would provide relevant training experience in relation to both the elderly multi-morbid and the acutely ill patient groups.

Integrating specific approaches into generalist care

Throughout your training, it is essential to take the time to reflect on your practice. This includes developing a clear understanding of what has been learned and how it can be applied effectively to a general practice setting. Your Programme Directors will be able to assist you in accessing resources for learning during your hospital attachments, and can advise on ways of meeting learning needs in specialties that are not included in your rotations.

In the latter 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 with 'filtered' secondary care populations to the 'unfiltered' population which presents to open-access community-based services, such as general practice.

Adequate workplace-based supervision and formative assessment is therefore essential in the context in which you will ultimately practice, if your clinical, risk management and decision-making skills are to be applied, honed and tested safely.

Work-based learning – in primary care

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

Initially, you will work closely with your trainer when consulting with patients. As you gain in competence, you will work more independently with less direct supervision. Being observed, receiving structured feedback and reflecting on your work while providing care for patients, both in the surgery and in their own homes, are fundamental features of workplace-based learning.

In addition, you will have structured teaching sessions with your trainer, tailored to your learning needs. Your training practice is a complex organisation and you will be able to gain an understanding of how it functions as a community care provider and how it monitors the quality of the care provided. You should familiarise yourself with the tools used in quality management, such as significant event audit, critical incident reporting and patient satisfaction surveys, and use these tools with your supervisors to recognise and meet your learning needs.

Self-directed learning

You are a self-directed adult learner and self-directed study is an important part of your development as a GP. Examples of this are reading around a topic, reflecting on your experiences, searching for evidence, or preparing for an assessment or teaching session. As well as the traditional methods of books, papers and journals, there are many online resources such as the RCGP e-learning courses, which cover the RCGP curriculum, providing you with feedback as you work through them. You will need to keep your e-portfolio up-to-date, which in itself will help you reflect on your training as a GP and help identify new learning needs.

In addition to the possibilities mentioned above, you will be able to participate in more formal learning sessions during your training. Workshops, lectures, seminars and case presentations may be arranged in departmental teaching sessions. Your GP training programme will include GP training seminars and other activities as part of a half-day release programme. In addition, there may be formal learning programmes from RCGP faculties or local University Departments of General Practice. Your LETB/Deanery will also offer updates and workshops for trainees and the local programme directors will assist in highlighting these. Your local medical education centre will be able to advise on funding arrangements for attending courses outside your locality.

Learning with other healthcare professionals

Your training programme will offer you many opportunities to learn with other healthcare workers. Much of the patient care in modern general practice is provided by nurses, health visitors, social workers and many others. Direct clinical contact with other healthcare professionals will provide rich learning opportunities. Examples include spending time with midwives in antenatal clinics, health visitors in child health clinics or with specialist nurses managing chronic diseases. Gaining an understanding of how the interfaces between these professionals and the GP work is another key task. Do not forget the receptionists and managers, who have to make key decisions on prioritising patient requests.

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

Lifelong learning

Becoming a qualified GP does not mean that your learning stops, of course. Rather, it is the beginning of a process of lifelong learning – not only to keep abreast of medical developments but also to improve in your application of the knowledge and skills that you learnt during your formal training.

Your learning needs will differ at different stages of your career and you need to be able to continuously review, identify and meet those needs. By linking explicitly with the General Medical Council's Good Medical Practice guidance,³ the RCGP curriculum can help you with this process, providing a framework in mastering the Areas of Capability within the fascinating and wonderful discipline of general practice.

³ General Medical Council. Good Medical Practice (2013). www.gmc-uk.org/guidance/good_medical_practice.asp

How the curriculum is structured

The curriculum is organised in sections. The first section, in this document, is the core curriculum statement, *Being a General Practitioner*. This defines the five broad Areas of Capability on which the curriculum is based. These Areas of Capability are then broken down into specific Core Capabilities and Competences. Relevant MRCGP assessments are shown and further references and a reading list are provided.

The remainder of the curriculum consists of a series of modules that explore the Core Capabilities in more depth. The first group, the Professional Modules, cover important professional areas of practice such as consulting, patient safety, leadership and self-directed learning. The second group, the Clinical Modules, illustrate some of the areas of clinical practice you will encounter as a GP. These modules are intended as examples and should not be viewed as a complete list of every topic you will need to learn as a GP.



1: The Core Statement

1.00 Being a General Practitioner

2: The Professional Modules

2.01 The GP Consultation in Practice
2.02 Patient Safety and Quality of Care
2.03 The GP in the Wider Professional Environment
2.04 Enhancing Professional Knowledge

3: The Clinical Modules

3.01 Healthy People: promoting health and preventing disease
3.02 Genetics in Primary Care
3.03 Care of Acutely Ill People
3.04 Care of Children and Young People
3.05 Care of Older Adults
3.06 Women's Health
3.07 Men's Health
3.08 Sexual Health
3.09 End-of-Life Care
3.10 Care of People with Mental Health Problems
3.11 Care of People with Intellectual Disability
3.12 Cardiovascular Health
3.13 Digestive Health
3.14 Care of People who Misuse Drugs and Alcohol
3.15 Care of People with ENT, Oral and Facial Problems
3.16 Care of People with Eye Problems
3.17 Care of People with Metabolic Problems
3.18 Care of People with Neurological Problems
3.19 Respiratory Health
3.20 Care of People with Musculoskeletal Problems
3.21 Care of People with Skin Problems

Adapted with permission from an original figure by Dr Chantal Simon for InnovAiT (2012), based on an original concept by Professor Justin Allen and RCGP Curriculum Development Group.

1.00 The Core Statement: Being a General Practitioner

What is a competent and capable doctor?

Competence and capability describe different aspects of your ability to perform safely, effectively and professionally in your professional role. There are many descriptions of competence and capability in the educational literature, but for the purposes of this curriculum we are using the following definitions:

- **Competence** is the demonstration of your ability to perform expected professional tasks in accordance with agreed standards. A **competency** is a set of behaviours or attributes that you must show to the standard required to function safely and effectively.
- **Capability** is about having the potential to become competent and, beyond this, to continue to develop towards higher levels of expertise, creativity and wisdom. To be a capable GP, you must recognise what level of competence is needed in any given situation and apply this successfully. This requires an awareness of the limits of your competence, the ability to extend these limits when required, and the flexibility to adapt to unfamiliar professional environments.

To have a successful and rewarding career as a GP, you will need to develop both competence and capability. In relation to GP training, the external MRCGP assessments (i.e. the Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA)) are primarily concerned with evaluating competence. Specifically, they consider your ability to demonstrate knowledge and skill to the standard expected of a newly-qualified GP in a range of common clinical and professional scenarios.

The development of capability will continue throughout your career. During training, this process is overseen by your Educational Supervisor. It is supported by the MRCGP workplace-based assessments and through other educational activities which encourage self-directed learning, formative feedback and critical reflection. Beyond training, your capability is demonstrated through continuing professional development, appraisal and revalidation.

The competences described in this curriculum have been organised into five simple Areas of Capability. These capabilities run as developmental threads throughout the GP training programme, linking earlier medical training with GP licensing assessments and post-licensing GMC revalidation standards. They build on the RCGP's groundbreaking 2007 core curriculum statement *Being a General Practitioner* and the NHS GP job analysis.⁴

⁴ Patterson F et al. (2013). A new competency model for general practice: implications for selection, training, and careers. *British Journal of General Practice*, Volume 63, Number 610, May 2013, pp. e331-e338(8).

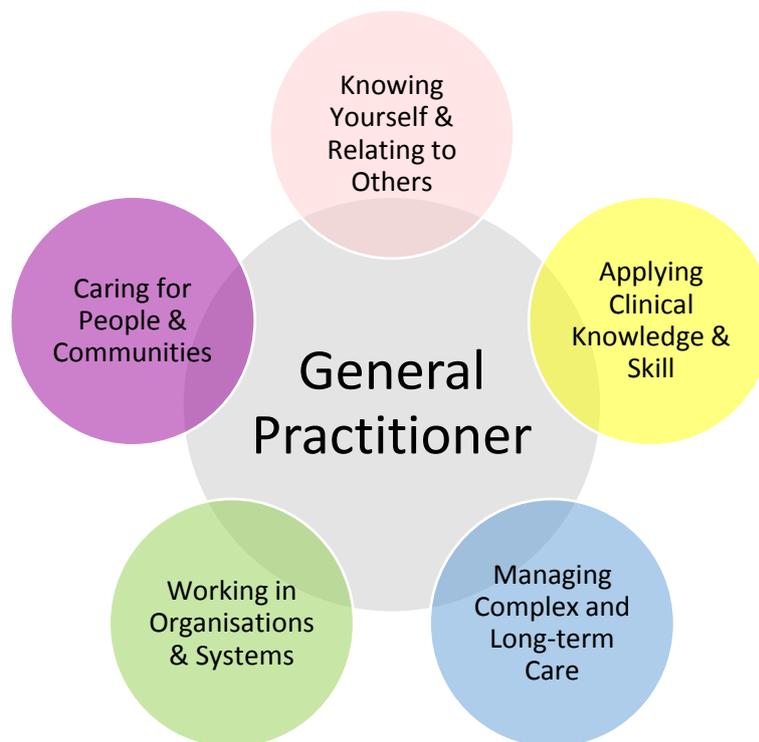


Figure 2: The Five Areas of Capability

Although it would be possible to define other areas of capability of relevance to general practice, these five have been selected because of their importance to the development and assessment of GP training within the context of the NHS. While separated for conceptual reasons, the five Areas of Capability should be considered an integrated part of your global progression towards generalist medical expertise, setting a trajectory that will continue throughout your career.

Within each of the five Areas of Capability, we have described the specific core capabilities and core competences a doctor is expected to acquire during GP specialty training (see Table).

Area of Capability	Core capabilities and core competences <i>To be a GP, you must be capable of:</i>
Knowing yourself and relating to others	Fitness to practise <ul style="list-style-type: none"> • Demonstrating the attitudes and behaviours expected of a good doctor • Managing the factors that influence your performance
	Maintaining an ethical approach <ul style="list-style-type: none"> • Treating others fairly and with respect, acting without discrimination • Providing care with compassion and kindness
	Communication and consultation <ul style="list-style-type: none"> • Establishing an effective partnership with patients • Maintaining a continuing relationship with patients, carers and families
Applying clinical knowledge and skill	Data gathering and interpretation <ul style="list-style-type: none"> • Applying a structured approach to data gathering and investigation • Interpreting findings accurately to reach a diagnosis <i>Clinical examination and procedural skills:</i> <ul style="list-style-type: none"> • Demonstrating a proficient approach to clinical examination • Demonstrating a proficient approach to the performance of procedures
	Making decisions <ul style="list-style-type: none"> • Adopting appropriate decision-making principles • Applying a scientific and evidence-based approach
	Clinical management <ul style="list-style-type: none"> • Providing general clinical care to patients of all ages and backgrounds • Adopting a structured approach to clinical management • Making appropriate use of other professionals and services • Providing urgent care when needed
Managing complex and long-term care	Managing medical complexity <ul style="list-style-type: none"> • Enabling people living with long-term conditions to improve their health • Managing concurrent health problems within an individual patient • Adopting safe and effective approaches for patients with complex needs
	Working with colleagues and in teams <ul style="list-style-type: none"> • Working as an effective team member • Coordinating a team-based approach to the care of patients
Working well in organisations and systems of care	Maintaining performance, learning and teaching <ul style="list-style-type: none"> • Continuously evaluating and improving the care you provide • Adopting a safe and scientific approach to improve quality of care • Supporting the education and development of colleagues
	Organisation, management and leadership <ul style="list-style-type: none"> • Applying leadership skills to improve your organisation's performance • Making effective use of information and communication systems • Developing the financial and business skills required for your role
Caring for the whole person and the wider community	Practising holistically and promoting health <ul style="list-style-type: none"> • Demonstrating the holistic mindset of a generalist medical practitioner • Supporting people through experiences of health, illness and recovery
	Community orientation <ul style="list-style-type: none"> • Understanding the health service and your role within it • Building relationships with the communities in which you work

Understanding the language of the curriculum

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

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

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

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

Showing how the curriculum links with MRCGP assessment and revalidation

Every core competence described in the curriculum is directly linked to one or more of the MRCGP assessments. You must pass these assessments to successfully complete GP specialty training and gain a Certificate of Completion of Training in General Practice (CCT).

Each core competence is also linked to one or more domains of the General Medical Council's Good Medical Practice, which is the framework used for career-long appraisal and revalidation.

These linkages are shown in the following section of the document.

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 in breadth over time. It often begins with a developing a deeper understanding of the professional self, through reflective practice. It then expands to incorporate relationships within multi-disciplinary teams and, ultimately, the wider healthcare system.

Core Capability: Fitness to practise

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

Core Competence: Develop the attitudes and behaviours expected of a good doctor

As a GP, this means you should:

- Follow the duties, principles and responsibilities expected of every doctor, as set out in the General Medical Council'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 general practitioner
- 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

Good Medical Practice: All domains

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Core Competence: Manage the factors that influence your performance

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance; Safety and quality

MRCGP assessments: WPBA (CbD, PSQ, MSF, CSR)

Core Capability: Maintaining an ethical approach

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

There will be cultural (including religious) differences between you and many of your patients. Your own values, attitudes, and feelings are important determinants of how you practice medicine.⁵ 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 at understanding and learning 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; the lack of such self-awareness will make your job as a GP very difficult.

Core Competence: Treat others fairly and with respect, acting without discrimination

As a GP, this means you should:

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

Good Medical Practice: Maintaining trust

MRCGP assessments: CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

⁵ McWhinney IR and Freeman T, *A Textbook of Family Medicine (3rd edn)* Oxford: Oxford University Press, 2009

Core Competence: Provide care with compassion and kindness

As a GP, this means you should:

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

Good Medical Practice: Maintaining trust

MRCGP assessments: CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Core Capability: Communication and consultation

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

McWhinney identified three core 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.⁶ A person-centred approach is about more than the way you act: it is the way you think. It means always seeing the patient as a unique person in a unique context and taking into account patient preferences and expectations at every step in a patient-centred consultation.⁷ 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.⁸ Patient-reported quality of primary care and satisfaction with care is strongly linked with the person-focused model, and confirms its value.⁹ Person-centred care places great emphasis on the continuity of the relationship process.

⁶ McWhinney IR and Freeman T A *Textbook of Family Medicine (3rd edn)* Oxford: Oxford University Press, 2009

⁷ Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient-centered Medicine: transforming the clinical method (2nd edn)* Oxford: Radcliffe, 2003

⁸ Silverman J, Kurtz S, Draper J. *Skills for Communicating with Patients (2nd edn)* Oxford: Radcliffe Medical Press, 2004

⁹ Flocke SA, Miller WL, Crabtree BF. Relationships between physician practice style, patient satisfaction, and attributes of primary care *Journal of Family Practice* 2002; 51:10

Core Competence: Establish an effective partnership with patients

As a GP, this means you should:

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

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: CSA, WPBA (COT, CEX, PSQ, CSR)

Core Competence: Maintain a continuing relationship with patients, carers and families

As a GP, this means you should:

- Recognise the value many patients, carers and families place on a trusted long-term relationship with 'their' doctor
- Use the consultation as a means to improve access to healthcare for patients and to enhance continuity of care
- Manage an appropriate emotional proximity to your patients, taking action to re-establish professional boundaries when required
- Manage the effects of a complaint against yourself or a member of your team, taking steps to facilitate a positive response and ensuring 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 and motivational techniques when appropriate, prompting patients to reflect on the benefits of lifestyle change and supporting them to improve their health
- Develop the skills to involve carers, relatives, friends and other professionals in shared care planning when appropriate, negotiating how to do this while also preserving the patient's rights to autonomy and privacy
- Produce management plans that are appropriate to the patient's problems and personal circumstances
- Recognise when patients may need, or choose, to delegate their decision-making autonomy to others, including when a mental capacity assessment may be required
- Demonstrate the ability to test mental capacity for specific decisions, in accordance with the legislation
- Regularly obtain, record and share relevant information about the patient's care, such as Care Plans, Advance Directives and Do Not Resuscitate decisions

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Area of Capability: Applying Clinical Knowledge and Skill

Particularly in the earlier stages of training (e.g. ST1-2), which are predominantly spent in secondary care environments, your training will focus on building the broad base of clinical knowledge and skills needed for generalist medical practice. This will include skills in first-contact patient care (e.g. the assessment, diagnosis, investigation, treatment and/or referral of acutely ill patients) and the medical management of common and important long-term conditions in which the GP plays a significant role (e.g. cardiovascular, metabolic and respiratory disease in adults and common child health and mental health problems).

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

Core Capability: Data gathering and interpretation

This is about interpreting the patient's narrative, clinical record and biographical data, investigations and examination findings, plus a proficient approach to clinical examination and procedural skills.

Core Competence: Apply a structured approach to data gathering and investigation

As a GP, this means you should:

- Selectively gather and interpret information from the patient's history, physical examination and investigations, and use this to develop an appropriate management plan in collaboration with the patient, by:
 - Making appropriate use of existing information about the problem and the patient's context
 - Knowing the relevant questions to ask based on the patient's history and items of the physical examination that are relevant to the problem presented
 - Recognising and interpreting relevant information from a wide range of sources, including the patient narrative and context, information from carers and professionals, physical examination findings, records, clinical procedures, laboratory data and ancillary tests
 - Performing clinical examinations and investigations that are in line with the patient's problem, identifying abnormal findings and incorporating relevant results
 - Recognising when a particular examination or investigation will be beyond your ability (such as by reason of a personal physical disability) and ensuring that the patient has access to these interventions in a timely manner to enable the development of an appropriate management plan
- Tailor your approaches to the contexts in which you work, considering factors such as the accessibility of additional sources of information and the cost-effectiveness and predictive value of investigations
- Apply techniques that enable you to examine and investigate incrementally, monitoring and reviewing the patient as needed to preserve safety, allowing diagnostic information to be integrated over time
- Enhance your clinical decision-making through effective and timely record-keeping, information sharing, data management and monitoring of care

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, CSR)

Core Competence: Interpret findings accurately to reach a diagnosis

As a GP, this means you should:

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

Good Medical Practice: Safety and quality

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, CSR)

Clinical examinations and procedures

Demonstrating competence in data gathering and interpretation requires the doctor to perform proficiently in a range of clinical examinations and procedures, while adopting an organised and caring approach that respects the patient's dignity and autonomy.

Core Competence: Demonstrate a proficient approach to clinical examination

As a GP, this means you should:

- 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 have sufficient insight to recognise when an examination may be required but is beyond your physical ability to perform, such as by reason of your own disability) and ensure that the patient has timely and appropriate access to alternative arrangements
- Adopt a targeted and systematic approach to clinical examination, recognising normal and abnormal findings and tailoring further examinations accordingly
- Recognise that a different range of examinations may be perceived as intimate by each patient, depending on individual and cultural factors
- Demonstrate communication techniques that ensure the patient understands the purpose of the examination, what will happen and the role of the chaperone
- Identify cultural and ethical issues relating to examinations (such as the removal of clothing) and discuss these sensitively with the patient as appropriate
- Provide an opportunity for the patient to give or to decline consent, responding non-judgmentally if consent is declined
- Organise the place of examination to provide the patient with privacy and to respect his or her dignity, organising a suitable chaperone when one is requested
- Perform and accurately interpret focused examinations in challenging circumstances (e.g. during home visits, in emergencies or when negotiating cultural issues)
- Explain the findings meaningfully and sensitively to the patient

Good Medical Practice: Knowledge, skills and performance; Maintaining trust

MRCGP assessments: CSA, WPBA (COT, CSR)

Core Competence: Demonstrate a proficient approach to the performance of procedures

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance; Maintaining trust

MRCGP assessments: CSA, WPBA (COT, CSR)

Core Capability: Making decisions

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

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

Focusing on problem-solving is a crucial part of your GP training because family doctors need to adopt a problem-based approach rather than a disease-based approach. As most learning occurs in secondary care environments, you may find it hard to adjust to the differences in problem-solving between general practice and hospital work. These differences were described by Marinker 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.¹⁰ Although this model polarises these two situations, it provides some useful pointers on how differences can occur in specific clinical contexts.

Core Competence: Adopt appropriate decision-making principles

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance; Maintaining trust

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, CSR)

¹⁰ Marinker M and Peckham PJ (eds). *Clinical Futures* London: BMJ Books, 1998

Core Competence: Apply a scientific and evidence-based approach

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance; Safety and quality

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, CSR)

Core Capability: Clinical management

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

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

Core Competence: Provide general clinical care to patients of all ages and backgrounds

As a GP, this means you should:

- Develop the knowledge and skill 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 skill required to provide high quality care to groups of patients who may have needs that require you to adapt your clinical approach. Such groups include (but are not limited to):
 - Infants, children and young people
 - People with mental health problems
 - Acutely ill people
 - Pregnant women and new mothers
 - People with intellectual, physical or sensory disabilities
 - People with addictions
 - Gay, lesbian and transgender people
 - Migrants, refugees and asylum-seekers
 - People of different ethnicities and cultures
 - The elderly and those with multi-morbidity
 - People nearing the end of life
- Develop the knowledge and skill required to co-ordinate care for patients of all ages and backgrounds. This includes:
 - Shared care planning
 - Care of long-term conditions
 - Treatment monitoring and surveillance
 - Curative and survivorship care for people with cancer and other serious or life-changing illnesses
 - Recovery and rehabilitation care
 - Community-based palliative and end-of-life care

Good Medical Practice: Knowledge, skills and performance

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Core Competence: Adopt a structured approach to clinical management

As a GP, this means you should:

- Develop and implement appropriate management plans for the full range of health conditions you are likely to encounter in the community, by:
 - Considering the likely causes, natural histories, trajectories and impacts of the patient's health problems
 - Differentiating between self-limiting and other conditions, encouraging appropriate self-care and reducing inappropriate medicalisation
 - Integrating non-drug approaches into treatment plans, such as psychological therapies, physical therapies and surgical interventions
 - Offering appropriate evidence-based management options, varying these responsively according to the circumstances, priorities and preferences of those involved
 - Monitoring the patient's progress to identify quickly unexpected deviations from the anticipated path
- Demonstrate safe and appropriate prescribing, repeat prescribing, medication review and medication management in the community context, by:
 - Making safe and appropriate prescribing decisions
 - Routinely using recognised sources of drug information, checking on interactions and side effects and following organisational guidance
 - Prescribing cost-effectively and being able to justify your decision when you do not follow this principle
 - Seeking advice on prescribing when appropriate
- Give appropriate 'safety-netting advice' on what features the patient should look out for to reduce risk, checking the patient's and carer's understanding of when to seek further medical help and how they should do this
- Implement adequate follow-up arrangements (for example, to facilitate the early diagnosis of evolving problems, to assess response to treatment, to provide safe monitoring and to learn from the outcomes of interventions)
- Contribute to an organisational and professional approach that facilitates continuity of care (e.g. through adequate record keeping and building long-term patient relationships)

Good Medical Practice: Safety and quality

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Core Competence: Make appropriate use of other professionals and services

As a GP, this means you should:

- Refer appropriately to other professionals and services, by:
 - Considering alternatives to formal referral where appropriate (e.g. email advice systems)
 - Predicting sources of delay and taking steps to avoid these where appropriate (e.g. by organising investigations in advance, so that the results are available to your colleagues)
 - Writing referral letters that provide relevant information and explain the reason for referral
 - Using the appropriate referral system to avoid unnecessary delays for the patient
 - Acting as an advocate for the patient and their carers as they navigate the health and care system
 - Providing ongoing continuity of care for the patient while they wait for their specialist appointment, reviewing progress at suitable intervals
- Organise the follow-up of your patients after referral through multi-professional, team-based and structured approaches, including monitoring, review and regular care planning

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CSR)

Core Competence: Provide urgent care when needed

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance; Safety and quality

MRCGP assessments: AKT, CSA, WPBA (CbD, CEX, MSF, CSR)

Area of Capability: Managing Complex and Long-term Care

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

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

Core Capability: Managing medical complexity

This area is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as managing uncertainty and risk. It also covers appropriate referral, the planning and organising of complex care, and promoting recovery and rehabilitation.

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

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

As the family doctor you should use an evidence-based approach to the care of patients, including where the main focus is the promotion of your patient's health and general well-being. Reducing risk factors by promoting self-care and empowering patients is an important task of the GP. You should aim to minimise the impact of your patient's symptoms on his or her well-being by taking into account personality, family, daily life, economic circumstances and physical and social surroundings.

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. This may include providing rehabilitation or providing palliative care in the end phases of a patient's life. As a GP, you must be able to co-ordinate the patient care provided by other healthcare professionals as well as other agencies.

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

As a GP, this means you should:

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

Good Medical Practice: Maintaining trust

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Core Competence: Manage concurrent health problems in an individual patient

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, CSR)

Core Competence: Adopt safe and effective approaches for patients with complex health needs

As a GP, this means you should:

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

Good Medical Practice: Safety and quality

MRCGP assessments: CSA, WPBA (CbD, COT, CEX, PSQ, CSR)

Core Capability: Working with colleagues and in teams

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

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

Core Competence: Work as an effective team member

As a GP, this means you should:

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

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: WPBA (CbD, CEX, PSQ, MSF, CSR)

Core Competence: Coordinate a team-based approach to the care of patients

As a GP, this means you should:

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

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: WPBA (CbD, COT, CEX, MSF, CSR)

Area of Capability: Working Well in Organisations and Systems of Care

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

Increasingly, GPs in all UK nations are participating in the development of care services, advising on how existing services can be improved, what changes are needed to meet a particular demand and how to set up more integrated systems of care. As a professional learner, you will need to develop systems to manage your own performance, education and career-long development as well as contributing to the development of multi-professional teams.

Core Capability: Maintaining performance, learning and teaching

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in quality improvement and research activity. In England, this may include participating in local commissioning activity.

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

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

Core Competence: Continuously evaluate and improve the care you provide

As a GP, this means you should:

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

Good Medical Practice: Safety and quality; Maintaining trust

MRCGP assessments: WPBA (CbD, PSQ, MSF, CSR)

Core Competence: Adopt a safe and scientific approach to improve quality of care

As a GP, this means you should:

- Use equipment safely and comply with safety protocols and directions
- Follow infection control protocols and demonstrate hand-washing and aseptic techniques
- Identify the potential for spread of infection and take measures to reduce this risk
- Assist with infection control in the local community by communicating effectively with the practice population and liaising with regional and national bodies where appropriate
- Contribute to the assessment of risk across the system of care, involving the whole team in patient safety improvements
- 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 assurance and improvement, including local quality improvement projects
- Use professional judgement to decide when to initiate and develop new protocols and when to challenge or modify their use

Good Medical Practice: Safety and quality

MRCGP assessments: AKT, WPBA (CbD, CSR)

Core Competence: Support the education and development of colleagues

As a GP, this means you should:

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

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: WPBA (CbD, PSQ, MSF, CSR)

Core Capability: Organisational management and leadership

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

As a GP you must be prepared to work as a team member but also, when appropriate, as a leader in improving service delivery. You must learn the importance of supporting patients' decisions about the management of their health problems and be able to communicate to them how the NHS team as a whole will deliver their care. You will also be increasingly challenged by the need to be conscious of healthcare costs. An understanding of cost efficiency is therefore a key learning issue for you during your training.

Core Competence: Apply leadership skills to help improve your organisation's performance

As a GP, this means you should:

- 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 responsibility for safeguarding children, young people and vulnerable adults, using appropriate systems for sharing information, recording and raising concerns, obtaining advice and taking action. This requires you to acquire and demonstrate the level 3 competences set out in the Intercollegiate Guidelines *Safeguarding children and young people: roles and competences for health care staff (March 2014)*
- Demonstrate best practice when recording, reporting and sharing safety incidents (including 'near-misses'), including communicating openly with those affected and ensuring the lessons learned are implemented
- Analyse relevant patient feedback and health outcome data to identify unmet health needs, identify inappropriate variation in health outcomes and highlight opportunities to reduce health inequalities
- Contribute your experience to the evaluation, re-design and (where relevant) commissioning of care pathways, to achieve a more integrated, effective and sustainable health system

Good Medical Practice: Knowledge, skills and performance

MRCGP assessments: WPBA (CbD, MSF, CSR)

Core Competence: Develop the financial and business skills required for your role

As a GP, this means you should:

- Comply with the 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 (e.g. for tax, pension and insurance purposes)
- Apply your written and verbal communication skills to build good working relationships with staff, colleagues, business partners, patients and clients in the practice setting
- Interpret the key financial documents relating to the management of general practice, such as annual accounts, budgets and balance sheets

Good Medical Practice: Maintaining trust

MRCGP assessments: WPBA (CbD, MSF, CSR)

Core Competence: Make effective use of information management and communication systems

As a GP, this means you should:

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

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CEX, PSQ, MSF, CSR)

Area of Capability: Caring for the Whole Person and the Wider Community

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

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

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

Core Capability: Practising holistically and promoting health

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

Medicine, like any cultural practice, is based on a set of shared beliefs and values, and is an intrinsic part of the wider culture. According to Kemper, it involves 'caring for the whole person in the context of the person's values, their family beliefs, their family system, and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost'.¹¹

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

¹¹ Kemper KJ. Holistic pediatrics = good medicine *Pediatrics* 2000; 105: 214–18

Core Competence: Demonstrate the holistic mindset of a generalist medical practitioner

As a GP, this means you should:

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

Good Medical Practice: Knowledge, skills and performance

MRCGP assessments: CSA, WPBA (CbD, COT, PSQ, MSF, CSR)

Core Competence: Support people through individual experiences of health, illness and recovery

As a GP, this means you should:

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

Good Medical Practice: Maintaining trust

MRCGP assessments: CSA, WPBA (CbD, COT, PSQ, CSR)

Core Capability: Community orientation

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

Your work as a family doctor is determined by the make-up of the community in which your practice is based. Therefore you must understand the potentials and limitations of the community in which you work and its character in terms of socio-economic and health features. The GP is in a position to consider many of the issues and how they interrelate, and the importance of this within the practice and the wider community. The negative influence of poor socio-economic status on health has been clearly demonstrated by Tudor-Hart. He described the 'inverse care law', which observes how people with the greatest need for care have the greatest difficulty accessing it.¹²

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

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

¹² Tudor-Hart J. The inverse care law *Lancet* 1971; 297; 405–12

Core Competence: Understand the health service and your role within it

As a GP, this means you should:

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

Good Medical Practice: Safety and quality

MRCGP assessments: AKT, CSA, WPBA (CbD, COT, CSR)

Core Competence: Build relationships with the communities with which you work

As a GP, this means you should:

- 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 impacts and interactions of these characteristics 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

Good Medical Practice: Communication, partnership and teamwork

MRCGP assessments: WPBA (CbD, PSQ, MSF, CSR)

Core Competences for General Practice mapped to Good Medical Practice

	1. Knowledge, skills and performance	2. Safety and quality	3. Communication, partnership and teamwork	4. Maintaining trust
Knowing Yourself and Relating to Others	<ul style="list-style-type: none"> • Demonstrate the attitudes and behaviours expected of a good doctor (applies to all GMP domains) 	<ul style="list-style-type: none"> • Manage the factors that influence your performance 	<ul style="list-style-type: none"> • Establish an effective partnership with patients • Maintain a continuing relationship with patients, carers and families 	<ul style="list-style-type: none"> • Treat others fairly and with respect, acting without discrimination • Provide care with compassion and kindness
Applying Clinical Knowledge and Skill	<ul style="list-style-type: none"> • Provide general clinical care to patients of all ages and backgrounds • Apply a structured approach to data gathering and investigation • Demonstrate a proficient approach to clinical examination • Demonstrate a proficient approach to the performance of procedures 	<ul style="list-style-type: none"> • Interpret findings accurately to reach a diagnosis • Adopt a structured approach to clinical management • Provide urgent care when needed 	<ul style="list-style-type: none"> • Make appropriate use of other professionals and services 	<ul style="list-style-type: none"> • Adopt appropriate decision-making principles • Apply a scientific and evidence-based approach
Managing Complex and Long-term Care	<ul style="list-style-type: none"> • Manage concurrent health problems within an individual patient 	<ul style="list-style-type: none"> • Adopt safe and effective approaches for patients with complex health needs 	<ul style="list-style-type: none"> • Work as an effective team member • Coordinate a team-based approach to the care of patients 	<ul style="list-style-type: none"> • Enable people living with long-term health conditions to improve their health
Working in Organisations and Systems of Care	<ul style="list-style-type: none"> • Apply leadership skills to improve your organisation's performance 	<ul style="list-style-type: none"> • Continuously evaluate and improve the care you provide • Adopt a safe and scientific approach to improve quality of care 	<ul style="list-style-type: none"> • Support the education and development of colleagues • Make effective use of information and communication systems 	<ul style="list-style-type: none"> • Develop the financial and business skills required for your role
Caring for the Whole Person and the Wider Community	<ul style="list-style-type: none"> • Demonstrate the holistic mindset of a generalist medical practitioner 	<ul style="list-style-type: none"> • Understand the health service and your role within it 	<ul style="list-style-type: none"> • Build relationships with the communities in which you work 	<ul style="list-style-type: none"> • Support people through experiences of health, illness and recovery

Useful learning resources

Books and publications

Knowing yourself and relating to others

- Balint M. *The Doctor, His Patient and the Illness* London: Pitman Medical Publishing, 1964
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Applying clinical knowledge and skill

- Ahlzén R, Evans M, Louhiala P, Puustinen R (eds). *Medical Humanities Companion Volume Two: diagnosis* Oxford: Radcliffe Publishing, 2010
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- Schwartz A and Bergus G. *Medical Decision Making: a physician's guide* Cambridge: Cambridge University Press, 2008
- Straus SE, Richardson WS, Glasziou P, Haynes RB. *Evidence-based Medicine: how to practise and teach EBM (4th edn)* Edinburgh: Churchill Livingstone, 2010. (Includes CD-ROM)
- Thistlethwaite JE. Making and sharing decisions about management with patients: the views and experiences of pre-registration house officers in general practice and hospital *Medical Education* 2002; 36: 49–55
- van Zwanenberg T and Harrison J (eds). *Clinical Governance in Primary Care (2nd edn)* Abingdon: Radcliffe Publishing, 2004
- Willis J. *The Paradox of Progress* Abingdon: Radcliffe Publishing, 1995

Managing complex and long-term care

- Macleod U and Mitchell E. Co-morbidity in general practice (review) *Practitioner* 2005; 249(1669): 282–4
- Mitchell A, Malone D, Doebbeling CC. Quality of medical care for people with and without co-morbid mental illness and substance misuse: systematic review of comparative studies *British Journal of Psychiatry* 2009; 194: 491–99
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Caring for the whole person and the wider community

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Working well in organisations and systems of care

- Borg J. *Persuasion: The Art of Influencing People*; Prentice Hall, 2013
- Bowie P, de Wet C. *Safety and Improvement in Primary Care: The Essential Guide*; Radcliffe Press, 2014
- Boyett JH, Boyett JT. *The Guru Guide: The Best Ideas of the Top Management Thinkers (Business)*; John Wiley & Sons, 2000
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- MacKian S (Ed.), Simons J (Ed.). *Leading, Managing, Caring: Understanding Leadership and Management in Health and Social Care*; Routledge, 2013
- Rogers EM. *Diffusion of Innovations*; Free Press, 2003
- Wattis J, Curran S. *Practical Management and Leadership for Doctors*; Radcliffe Publishing Ltd., 2011.

Web resources

Department of Health

The Department of Health website is constantly being updated with policy publications, consultations, guidance documents and research reports, as well as bulletins, speeches and press releases. The website also has pages dedicated to primary care.

www.gov.uk/government/organisations/department-of-health

NHS Evidence

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

www.evidence.nhs.uk

NHS Improving Quality

This site incorporates the NHS Change Model website which includes a collection of evidence-based resources on system and organisational change

www.nhs.uk/capacity-capability/nhs-change-model.aspx

National Institute for Health and Care Excellence (NICE)

Information, policy documents and advice for healthcare professionals. Searching in this site will deliver the most up-to-date NICE guidance.

www.nice.org.uk

Royal College of General Practitioners

e-GP

e-GP is an extremely valuable resource which provides a free programme of e-learning courses covering many parts of the RCGP curriculum. Each course derives from one of the curriculum statements and consists of practical and interactive e-learning sessions that will enhance your GP training and help with preparation for MRCGP assessments and NHS appraisals, as well as supporting your self-directed and reflective learning. Each of the e-learning sessions relates to a curriculum statement and completed sessions are automatically logged in the Trainee ePortfolio.

e-GP also contains further information on the core statement, 'Being a General Practitioner'.

e-GP can be accessed at www.e-GP.org or through the RCGP's Online Learning Environment at <http://elearning.rcgp.org.uk>.

RCGP online courses and certifications

The RCGP's Online Learning Environment contains a range of e-learning updates, courses and certifications for GPs, based on the RCGP curriculum. This includes the Personal Education Planning tool (PEP), an online AKT-style test which identifies your learning needs across the curriculum statements. The site also contains the Essential Knowledge Updates and Challenges, which cover new and changing knowledge of relevance to general practice. The online courses and certifications go into more depth in a range of primary care topics.

The RCGP Online Learning Environment is available at <http://elearning.rcgp.org.uk>.

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Appendix: Accreditation of Transferable Competences Framework

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

Many of the core capabilities and competences are common across curricula. When using ATCF, the doctor can be accredited for relevant competences acquired during previous training. This will allow a maximum reduction of six months in training time for doctors who decide to change to GP training after completing a part of another training programme.

The ATCF applies only to those moving between periods of GMC-approved training. It is aimed at the early years of training. To qualify for ATCF, doctors must have completed at least 1 year of training in the origin specialty. The reduction in GP training time to be recognised within the ATCF is subject to review at the first Annual Review of Competence Progression (ARCP) in the GP training programme. All doctors achieving Certificate of Completion of Training (CCT) in General Practice will have gained all the required competences outlined in the RCGP curriculum.

From August 2015, the Royal College of General Practitioners will accept accredited transferable competences from the following GMC-approved curriculum and assessment programmes:

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

For details of the ATCF process and a map of the transferable competences please refer to the detailed guidance on the RCGP and GMC websites.

Please note that the ATCF does not apply to the two-year Broad-based Training Programme, which must be completed successfully in full before the trainee can enter GP training at ST2.

Gap analysis recommendations

The table below indicates how the Accreditation of Transferable Competences Framework will be utilised for entry into training for a CCT in General Practice. ATC for the individual trainee will be agreed by the LETB/deanery with reference to the RCGP recommendations to ensure that all elements of the GMC approved curriculum for General Practice will be completed by the trainee before the award of CCT.

Origin CCT programme	Time in origin programme	Recommendation from gap analysis for award of CCT in General Practice	Maximum reduction in GP specialty training
Acute Common Care Stem programmes	1-3 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties other than the origin specialty, as well as 18 months in General Practice-based training posts.	6 months
Anaesthetics (CCT in Anaesthetics and ACCS)	1-2 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties other than the origin specialty, as well as 18 months in General Practice-based training posts.	6 months
Emergency Medicine (Core Training ST1-3)	1-3 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties other than the origin specialty, as well as 18 months in General Practice-based training posts.	6 months
General (Internal) Medicine (Core Medical Training)	1-2 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties other than the origin specialty, as well as 18 months in General Practice-based training posts.	6 months
General Psychiatry (Core Training in Psychiatry)	1-3 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties other than the origin specialty, as well as 18 months in General Practice-based training posts.	6 months

Obstetrics and Gynaecology (CCT in Obstetrics and Gynaecology)	1-2 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties different to the origin specialty, as well as 18 months in General Practice-based training posts.	6 months
Paediatrics (CCT in Paediatrics)	1-3 years	To gain CCT, the trainee must complete at least 12 months in posts approved for GP training in specialties other than the origin specialty, as well as 18 months in General Practice-based training posts.	6 months