WPBA capabilities

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**Fitness to practice**

This is about professionalism and the actions expected to protect people from harm. This includes the awareness of when an individual's performance, conduct or health, or that of others, might put patients, themselves or their colleagues at risk.

<table>
<thead>
<tr>
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<th>Competent</th>
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</thead>
<tbody>
<tr>
<td>Fails to respect the requirements of the organisation e.g. meeting deadlines, producing documentation, observing contractual obligations</td>
<td>Understands the GMC document, &quot;Duties of a Doctor&quot;.</td>
<td>Demonstrates the accepted codes of practice in order to promote patient safety and effective team-working.</td>
<td>Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change.</td>
</tr>
<tr>
<td>Has repeated unexplained or unplanned absences from professional commitments</td>
<td>Attends to their professional duties.</td>
<td>Achieves a balance between their professional and personal demands that meets their work commitments and maintains their health.</td>
<td>Anticipates situations that might damage their work-life balance and seeks to minimise any adverse effects on themself or their patients.</td>
</tr>
<tr>
<td>Prioritises his/her own interests above those of the patient</td>
<td>Awareness that physical or mental illness, or personal habits, might interfere with the competent delivery of patient care.</td>
<td>Takes effective steps to address any personal health issue or habit that is impacting on their performance as a doctor.</td>
<td>Takes a proactive approach to promote personal health.</td>
</tr>
<tr>
<td>Fails to cope adequately with pressure e.g. dealing with stress or managing time</td>
<td>Identifies and notifies an appropriate person when their own or a colleague’s performance, conduct or health might be putting others at risk.</td>
<td>Demonstrates insight into any personal health issues.</td>
<td>Encourages an organisational culture in which the health of its members is valued and supported.</td>
</tr>
<tr>
<td>Is the subject of multiple complaints</td>
<td>Responds to complaints or performance issues appropriately.</td>
<td>Reacts promptly, discreetly and impartially when there are concerns about self or colleagues.</td>
<td>Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern.</td>
</tr>
<tr>
<td>Fails to respect the requirements of the organisation e.g. meeting deadlines, producing documentation, observing contractual obligations</td>
<td></td>
<td>Takes advice from appropriate people and, if necessary, engages in a referral procedure.</td>
<td>Actively seeks to anticipate and rectify where systems and practice may require improvement in order to improve patient care.</td>
</tr>
<tr>
<td>Has repeated unexplained or unplanned absences from professional commitments</td>
<td></td>
<td>Uses mechanisms to reflect on and learn from complaints or performance issues in order to improve patient care.</td>
<td></td>
</tr>
</tbody>
</table>
**Maintaining an ethical approach**

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

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

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

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<tbody>
<tr>
<td>Does not establish rapport with the patient</td>
<td>Develops a working relationship with the patient, but one in which the problem rather than the person is the focus.</td>
<td>Explores the patient's agenda, health beliefs and preferences.</td>
<td>Incorporates the patient's perspective and context when negotiating the management plan</td>
</tr>
<tr>
<td>Makes inappropriate assumptions about the patient's agenda</td>
<td>Uses a rigid or formulaic approach to achieve the main tasks of the consultation.</td>
<td>Elicits psychological and social information to place the patient's problem in context.</td>
<td>Appropriately uses advanced consultation skills, such as confrontation or catharsis, to achieve better patient outcomes.</td>
</tr>
<tr>
<td>Misses / ignores significant cues</td>
<td>Provides explanations that are relevant and understandable to the patient, using appropriate language.</td>
<td>Achieves the tasks of the consultation, responding to the preferences of the patient in an efficient manner</td>
<td>Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient</td>
</tr>
<tr>
<td>Does not give space and time to the patient when this is needed</td>
<td>The use of language is technically correct but not well adapted to the needs and characteristics of the patient.</td>
<td>Explores the patient's understanding of what has taken place</td>
<td>Employs a full range of fluent communication skills, both verbal and non-verbal, including active listening skills.</td>
</tr>
<tr>
<td>Has a blinkered approach and is unable to adapt the consultation despite cues or new information</td>
<td>Provides explanations that are medically correct but doctor-centred.</td>
<td>The use of language is fluent and takes into consideration the needs and characteristics of the patient, for instance when talking to children or patients with learning disabilities.</td>
<td>Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient.</td>
</tr>
<tr>
<td>Is unable to consult within time scales that are appropriate to the stage of training</td>
<td>Communicates management plans but without negotiating with, or involving, the patient.</td>
<td>Uses the patient's understanding to help improve the explanation offered.</td>
<td>Whenever possible, adopts plans that respect the patient's autonomy. When there is a difference of opinion the patient's autonomy is respected and a positive relationship is maintained.</td>
</tr>
<tr>
<td>Uses stock phrases / inappropriate medical jargon rather than tailoring the language to the patients' needs and context</td>
<td>Consults to an acceptable standard but lacks focus and requires longer consulting times.</td>
<td>Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.</td>
<td>Consults effectively in a focussed manner moving beyond the essential to take a holistic view of the patient's needs within the time-frame of a normal consultation.</td>
</tr>
<tr>
<td>The approach is inappropriately doctor-centred</td>
<td>Aware of when there is a language barrier and can access interpreters either in person or by telephone.</td>
<td>Consultihs in an organised and structured way, achieving the main tasks of the consultation in a timely manner.</td>
<td>Uses a variety of communication and consultation techniques that demonstrates respect for, and values, diversity.</td>
</tr>
</tbody>
</table>

The approach is inappropriately doctor-centred.
Data gathering and interpretation

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

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<tbody>
<tr>
<td>Has an approach which is disorganised, chaotic, inflexible or inefficient</td>
<td>Accumulates information from the patient that is relevant to their problem.</td>
<td>Systematically gathers information, using questions appropriately targeted to the problem without affecting patient safety.</td>
<td>Expertly identifies the nature and scope of enquiry needed to investigate the problem, or multiple problems, within a short time-frame.</td>
</tr>
<tr>
<td>Does not use significant data as a prompt to gather further information</td>
<td>Uses existing information in the patient records.</td>
<td>Understands the importance of, and makes appropriate use of, existing information about the problem and the patient’s context.</td>
<td>Prioritises problems in a way that enhances patient satisfaction.</td>
</tr>
<tr>
<td>Does not look for red flags appropriately</td>
<td>Employs examinations and investigations that are in line with the patient’s problems.</td>
<td>Chooses examinations and targets investigations appropriately and efficiently.</td>
<td>Uses a stepwise approach, basing further enquiries, examinations and tests on what is already known and what is later discovered.</td>
</tr>
<tr>
<td>Fails to identify normality Examination technique is poor</td>
<td>Identifies abnormal findings and results.</td>
<td>Understands the significance and implications of findings and results, and takes appropriate action.</td>
<td></td>
</tr>
<tr>
<td>Fails to identify significant physical or psychological signs</td>
<td></td>
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</tbody>
</table>
Clinical examination and procedural skills

This is about clinical examination and procedural skills. By the end of training, the trainee must have demonstrated competence in general and systemic examinations of all of the clinical curriculum areas, this includes the 5 mandatory examinations and a range of skills relevant to General Practice.

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<tbody>
<tr>
<td>Patient shows no understanding as to the purpose of examination</td>
<td>Chooses examinations in line with the patient’s problem(s).</td>
<td>Chooses examinations appropriately targeted to the patient’s problem(s)</td>
<td>Proficiently identifies and performs the scope of examination necessary to investigate the patient’s problem(s).</td>
</tr>
<tr>
<td>Fails to examine when the history suggests conditions that might be confirmed or excluded by examination</td>
<td>Identifies abnormal signs</td>
<td>Has a systematic approach to clinical examination and able to interpret physical signs accurately to reach the correct diagnosis or possible diagnosis</td>
<td>Uses a step-wise approach to examination, basing further examinations on what is known already and is later discovered.</td>
</tr>
<tr>
<td>Inappropriate over examination</td>
<td>Suggests appropriate procedures related to the patient’s problem(s).</td>
<td>Varies options of procedures according to circumstances and the preferences of the patient.</td>
<td>Demonstrates a wide range of procedural skills to a high standard.</td>
</tr>
<tr>
<td>Fails to obtain informed consent for the procedure</td>
<td>Observes the professional codes of practice including the use of chaperones.</td>
<td>Identifies and reflects on ethical issues with regard to examination and procedural skills.</td>
<td>Engages with quality improvement initiatives with regard to examination and procedural skills.</td>
</tr>
<tr>
<td>Patient appears unnecessarily upset by the examination</td>
<td>Arranges the place of the examination to give the patient privacy and to respect their dignity.</td>
<td>Recognises and acknowledges the patients concerns before and during the examination and puts them at ease.</td>
<td>Recognises the verbal and non-verbal clues that the patient is not comfortable with an intrusion into their personal space especially the prospect or conduct of intimate examinations. Is able to help the patient to accept and feel safe during the examination.</td>
</tr>
<tr>
<td></td>
<td>Examination is carried out sensitively and without causing the patient harm</td>
<td>Shows awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient.</td>
<td>Helps to develop systems that reduce risk in clinical examination and procedural skills.</td>
</tr>
</tbody>
</table>
## Making a diagnosis/decisions

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

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<tr>
<td>Is indecisive, illogical or incorrect in decision-making</td>
<td>Generates an adequate differential diagnosis based on the information available.</td>
<td>Makes diagnoses in a structured way using a problem-solving method.</td>
<td>Uses pattern recognition to identify diagnoses quickly, safely and reliably.</td>
</tr>
<tr>
<td>Fails to consider the serious possibilities</td>
<td>Generates and tests appropriate hypotheses.</td>
<td>Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.</td>
<td>Remains aware of the limitations of pattern recognition and when to revert to an analytical approach.</td>
</tr>
<tr>
<td>Is dogmatic/closed to other ideas</td>
<td>Makes decisions by applying rules, plans or protocols.</td>
<td>Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis.</td>
<td>No longer relies on rules or protocols but is able to use and justify discretionary judgement in situations of uncertainty or complexity, for example in patients with multiple problems.</td>
</tr>
<tr>
<td>Too frequently has late or missed diagnoses</td>
<td>Is starting to develop independent skills in decision making and uses the support of others to confirm these are correct.</td>
<td>Revises hypotheses in the light of additional information.</td>
<td>Continues to reflect appropriately on difficult decisions. Develops mechanisms to be comfortable with these choices.</td>
</tr>
</tbody>
</table>

- Thinks flexibly around problems generating functional solutions.
- Has confidence in, and takes ownership of own decisions whilst being aware of their own limitations.
- Keeps an open mind and is able to adjust and revise decisions in the light of relevant new information.
Clinical management

This is about the recognition and management of patients’ problems.

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<tbody>
<tr>
<td>Asks for help inappropriately: either too much or too little</td>
<td>Uses appropriate management options</td>
<td>Varies management options responsively according to the circumstances, priorities and preferences of those involved.</td>
<td>Provides patient-centred management plans whilst taking account of local and national guidelines in a timely manner.</td>
</tr>
<tr>
<td>Does not think ahead, safety net appropriately or follow-through adequately</td>
<td>Suggests possible interventions in all cases.</td>
<td>Considers a “wait and see” approach where appropriate.</td>
<td>Empowers the patient with confidence to manage problems independently together with knowledge of when to seek further help.</td>
</tr>
<tr>
<td></td>
<td>Arranges follow up for patients</td>
<td>Uses effective prioritisation of problems when the patient presents with multiple issues.</td>
<td>Able to challenge unrealistic patient expectations and consulting patterns with regard to follow up of current and future problems.</td>
</tr>
<tr>
<td></td>
<td>Makes safe prescribing decisions, routinely checking on drug interactions and side effects.</td>
<td>Suggests a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy.</td>
<td>Regularly reviews all of the patient’s medication in terms of evidence-based prescribing, cost-effectiveness and patient understanding.</td>
</tr>
<tr>
<td></td>
<td>Refers safely, acting within the limits of their competence.</td>
<td>In addition to prescribing safely is aware of and applies local and national guidelines including drug and non-drug therapies.</td>
<td>Has confidence in stopping or stepping down medication where this is appropriate.</td>
</tr>
<tr>
<td></td>
<td>Recognises medical emergencies and responds to them safely.</td>
<td>Maintains awareness of the legal framework for appropriate prescribing.</td>
<td>Identifies areas for improvement in referral processes and pathways and contributes to quality improvement.</td>
</tr>
<tr>
<td></td>
<td>Ensures that continuity of care can be provided for the patient’s problem, e.g. through adequate record keeping.</td>
<td>Refers appropriately, taking into account all available resources.</td>
<td>Contributes to reflection on emergencies as significant events and how these can be used to improve patient care in the future.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Responds rapidly and skilfully to emergencies, with appropriate follow-up for the patient and their family. Ensures that care is co-ordinated both within the practice team and with other services.</td>
<td>Takes active steps within the organisation to improve continuity of care for the patients.</td>
</tr>
</tbody>
</table>
## Managing medical complexity

This is about aspects of care beyond the acute problem, including the management of co-morbidity, uncertainty, risk and health promotion.

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<tbody>
<tr>
<td>Inappropriately burdens the patient with uncertainty</td>
<td>Manages health problems separately, without necessarily considering the implications of co-morbidity.</td>
<td>Simultaneously manages the patient’s health problems, both acute and chronic.</td>
<td>Accepts responsibility for coordinating the management of the patient’s acute and chronic problems over time.</td>
</tr>
<tr>
<td>Finds it difficult to suggest a way forward in unfamiliar circumstances</td>
<td>Identifies and tolerates uncertainties in the consultation.</td>
<td>Is able to manage uncertainty including that experienced by the patient.</td>
<td>Anticipates and employs a variety of strategies for managing uncertainty.</td>
</tr>
<tr>
<td>Often gives up in complex or uncertain situations</td>
<td>Attempts to prioritise management options based on an assessment of patient risk.</td>
<td>Communicates risk effectively to patients and involves them in its management to the appropriate degree.</td>
<td>Uses the patient’s perception of risk to enhance the management plan.</td>
</tr>
<tr>
<td>Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement</td>
<td>Manages patients with multiple problems with reference to appropriate guidelines for the individual conditions.</td>
<td>Recognises the inevitable conflicts that arise when managing patients with multiple problems and takes steps to adjust care appropriately.</td>
<td>Comfortable moving beyond single condition guidelines and protocols in situations of multi-morbidity and polypharmacy, whilst maintaining the patient’s trust.</td>
</tr>
<tr>
<td></td>
<td>Considers the impact of the patient’s lifestyle on their health.</td>
<td>Consistently encourages improvement and rehabilitation and, where appropriate, recovery.</td>
<td>Coordinates a team based approach to health promotion in its widest sense.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourages the patient to participate in appropriate health promotion and disease prevention strategies.</td>
<td>Maintains a positive attitude to the patient’s health even when the situation is very challenging.</td>
</tr>
</tbody>
</table>
Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care and includes the sharing of information with colleagues.

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</thead>
<tbody>
<tr>
<td>Works in isolation</td>
<td>Shows basic awareness of working within a team rather than in isolation.</td>
<td>Is an effective team member, working flexibly with the various teams involved in day to day primary care.</td>
<td>Helps to coordinate a team-based approach to enhance patient care, with a positive and creative approach to team development.</td>
</tr>
<tr>
<td>Gives little support to team members</td>
<td>Understands the different roles, skills and responsibilities that each member brings to a primary health care team.</td>
<td>Understands the context within which different team members are working, e.g. Health Visitors and their role in safeguarding.</td>
<td>Shows awareness of the strengths and weaknesses of each team member and considers how this can be used to improve the effectiveness of a team.</td>
</tr>
<tr>
<td>Doesn't appreciate the value of the team</td>
<td>Respects other team members and their contribution but has yet to grasp the advantages of harnessing the potential within the team.</td>
<td>Appreciates the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals.</td>
<td>Encourages the contribution of others employing a range of skills including active listening. Assertive but doesn't insist on own views.</td>
</tr>
<tr>
<td>Inappropriately leaves their work for others to pick up</td>
<td>Responds to the communications from other team members in a timely and constructive manner.</td>
<td>Communicates proactively with team members so that patient care is enhanced using an appropriate mode of communication for the circumstances.</td>
<td>Shows some understanding of how group dynamics work and the theoretical work underpinning this. Has demonstrated this in a practical way, for example in chairing a meeting.</td>
</tr>
<tr>
<td>Feedback (formal or informal) from colleagues raises concerns</td>
<td>Understands the importance of integrating themselves into the various teams in which they participate.</td>
<td>Contributes positively to their various teams and reflects on how the teams work and members interact.</td>
<td></td>
</tr>
</tbody>
</table>
Maintaining performance, learning and teaching

This is about maintaining the performance and effective continuing professional development (CPD) of oneself and others. The evidence for these activities should be shared in a timely manner within the appropriate electronic Portfolio.

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<tbody>
<tr>
<td>Fails to engage adequately with the portfolio e.g. the entries are scant, reflection is poor, plans are made but not acted on or the PDP is not used effectively</td>
<td>Knows how to access the available evidence, including the medical literature, clinical performance standards and guidelines for patient care.</td>
<td>Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making.</td>
<td>Uses professional judgement to decide when to initiate and develop protocols and when to challenge their use.</td>
</tr>
<tr>
<td>Reacts with resistance to feedback that is perceived as critical</td>
<td>Engages in some study reacting to immediate clinical learning needs.</td>
<td>Shows a commitment to professional development through reflection on performance and the identification of personal learning needs.</td>
<td>Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions.</td>
</tr>
<tr>
<td>Fails to make adequate educational progress</td>
<td>Changes behaviour appropriately in response to the clinical governance activities of the practice, in particular to the agreed outcomes of the practice's audits, quality improvement activities and significant event analyses.</td>
<td>Addresses learning needs and demonstrates the application of these in future practice.</td>
<td>Systematically evaluates performance against external standards.</td>
</tr>
<tr>
<td></td>
<td>Recognises situations, e.g. through risk assessment, where patient safety could be compromised.</td>
<td>Personally, participates in audits and quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance.</td>
<td>Demonstrates how elements of personal development impact upon career planning and the needs of the organisation.</td>
</tr>
<tr>
<td></td>
<td>Contributes to the education of others.</td>
<td>Engages in learning event reviews, in a timely and effective manner, and learns from them as a team-based exercise.</td>
<td>Encourages and facilitates participation and application of clinical governance activities, by involving the practice, the wider primary care team and other organisations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identifies learning objectives and uses teaching methods appropriate to these.</td>
<td>Evaluates outcomes of teaching, seeking feedback on performance, and reflects on this.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assists in making assessments of learners where appropriate.</td>
<td>Actively facilitates the development of others.</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Ensures students and junior colleagues are appropriately supervised.</td>
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</table>
**Organisation, management and leadership**

This is about understanding how primary care is organised within the NHS, how teams are managed and the development of clinical leadership skills.

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<tr>
<td>Consults with the computer rather than the patient</td>
<td>Demonstrates a basic understanding of the organisation of primary care and the use of clinical computer systems.</td>
<td>Uses the primary care organisational systems routinely and appropriately in patient care for acute problems, chronic disease and health promotion. This includes the use of computerised information management and technology (IM&amp;T).</td>
<td>Uses and modifies organisational and IM&amp;T systems to facilitate: Clinical care to individuals and communities, Clinical governance Practice administration</td>
</tr>
<tr>
<td>Records show poor entries e.g. too short, too long, unfocused, failing to code properly or respond to prompts</td>
<td>Uses the patient record and on-line information during patient contacts, routinely recording each clinical contact in a timely manner following the record-keeping standards of the organisation.</td>
<td>Uses the computer during consultations whilst maintaining rapport with the patient to produce records that are succinct, comprehensive, appropriately coded and understandable.</td>
<td>Uses IM&amp;T systems to improve patient care in the consultation, in supportive care planning and communication across all the health care professionals involved with the patient.</td>
</tr>
<tr>
<td></td>
<td>Personal organisational and time-management skills are sufficient that patients and colleagues are not inconvenienced or come to any harm.</td>
<td>Is consistently well organised with due consideration for colleagues as well as patients. Demonstrates effective: time-management, hand-over skills, prioritisation, delegation</td>
<td>Manages own work effectively whilst maintaining awareness of other people’s workload. Offers help sensitively but recognises own limitations.</td>
</tr>
<tr>
<td></td>
<td>Responds positively to change in the organisation.</td>
<td>Helps to support change in the organisation. This may include making constructive suggestions.</td>
<td>Actively facilitates change in the organisation. This will include the evaluation of the effectiveness of any changes implemented.</td>
</tr>
<tr>
<td></td>
<td>Manages own workload responsibly.</td>
<td>Responds positively when services are under pressure in a responsible and considered way.</td>
<td>Willing to take a lead role in helping the organisation to respond to exceptional demand.</td>
</tr>
</tbody>
</table>
**Practicing holistically, promoting health and safeguarding**

This is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions. The doctor is able to take into account patient’s feelings and opinions. The doctor encourages health improvement, self-management, preventative medicine and shared care planning with patients and their carers. The doctor has the skills and knowledge to consider and take appropriate safeguarding actions.

<table>
<thead>
<tr>
<th>Indicators of Potential Underperformance</th>
<th>Needs further development</th>
<th>Competent</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treats the disease, not the patient</td>
<td>Enquires into physical, psychological and social aspects of the patient’s problem. Recognises the impact of the problem on the patient. Offers treatment and support for the physical, psychological and social aspects of the patient’s problem. Recognises the role of the GP in health promotion. Understands and demonstrates principles of adult and child safeguarding, recognising potential indicators of abuse, harm and neglect, taking some appropriate action.</td>
<td>Demonstrates understanding of the patient in relation to their socio-economic and cultural background. The doctor uses this understanding to inform discussion and to generate practical suggestions for the management of the patient. Recognises the impact of the problem on the patient, their family and/or carers. Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers. Demonstrates the skills and assertiveness to challenge unhelpful health beliefs or behaviours, whilst maintaining a continuing and productive relationship. Demonstrates appropriate responses to adult and child safeguarding concerns including ensuring information is shared/referrals made appropriately. Practises in a manner that seeks to reduce the risk of abuse, harm or neglect.</td>
<td>Accesses information about the patient’s psycho-social history in a fluent and non-judgemental manner that puts the patient at ease. Recognises and shows understanding of the limits of the doctor’s ability to intervene in the holistic care of the patient. Facilitates appropriate long term support for patients, their families and carers that is realistic and avoids doctor dependence. Makes effective use of tools in health promotion, such as decision aids, to improve health understanding. Demonstrates skills and knowledge to contribute effectively to safeguarding processes including identifying risks and contributing to/formulating policy documents and communicating effective safeguarding plans for adults/children at risk of abuse, harm or neglect with wider inter-agencies.</td>
</tr>
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## Community orientation

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

<table>
<thead>
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</tr>
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<tr>
<td>Fails to take responsibility for using resources in line with local and national guidance.</td>
<td>Demonstrates understanding of important characteristics of the local population, e.g. patient demography, ethnic minorities, socio-economic differences and disease prevalence, etc.</td>
<td>Demonstrates understanding of how the characteristics of the local population shapes the provision of care in the setting in which the doctor is working.</td>
<td>Takes an active part in helping to develop services in their workplace or locality that are relevant to the local population.</td>
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<td></td>
<td>Demonstrates understanding of the range of available services in their particular locality.</td>
<td>Shows how this understanding has informed referral practices they have utilised for their patients. This could include formal referral to a service or directing patients to other local resources.</td>
<td>Understands the local processes that are used to shape service delivery and how they can influence them, e.g. through Health Boards and CCGs.</td>
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<td></td>
<td>Understands limited resources within the local community, e.g. the availability of certain drugs, counselling, physiotherapy or child support services.</td>
<td>Demonstrates how they have adapted their own clinical practice to take into account the local resources, for example in referrals, cost-effective prescribing and following local protocols.</td>
<td>Reflects on the requirement to balance the needs of individual patients, the health needs of the local community and the available resources. Considers local and national protocols, e.g. SIGN or NICE guidelines.</td>
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<td></td>
<td>Takes steps to understand local resources in the community – e.g. school nurses, pharmacists, funeral directors, district nurses, local hospices, care homes, social services including child protection, patient participation groups, etc.</td>
<td>Demonstrates how local resources have been used to enhance patient care.</td>
<td>Develops and improves local services including collaborating with private and voluntary sectors, e.g. taking part in patient participation groups, improving the communication between practices and care homes, etc.</td>
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</tbody>
</table>