WPBA capabilities

	Fitness to practice	
2.	Maintaining an ethical approach	
3.	Communication and consultation skills	
4.	Data gathering and interpretation	5
	Clinical examination and procedural skills	
	Making a diagnosis/decisions	
7.	Clinical management	8
	Managing medical complexity	
9.	Working with colleagues and in teams	10
10.	Maintaining performance, learning and teaching	11
11.	Organisation, management and leadership	12
	Practicing holistically, promoting health and safeguarding	
13.	Community orientation	14

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.

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

Maintaining an ethical approach

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

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

Communication and consultation skills

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

Indicators of Potential Underperformance	Needs further development	Competent	Excellent
Does not establish rapport with the patient	Develops a working relationship with the	Explores the patient's agenda, health beliefs	Incorporates the patient's perspective and
	patient, but one in which the problem	and preferences.	context when negotiating the management
Makes inappropriate assumptions about the	rather than the person is the focus.		plan
patients agenda		Elicits psychological and social information	
	Uses a rigid or formulaic approach to	to place the patient's problem in context.	Appropriately uses advanced consultation
Misses / ignores significant cues	achieve the main tasks of the consultation.		skills, such as confrontation or catharsis, to
		Achieves the tasks of the consultation,	achieve better patient outcomes.
Does not give space and time to the patient	Provides explanations that are relevant and	responding to the preferences of the	
when this is needed	understandable to the patient, using	patient in an efficient manner	Uses a variety of communication
	appropriate language.		techniques and materials to adapt
Has a blinkered approach and is unable to	T I (1) (1) (1) (1) (1) (1)	Explores the patient's understanding of	explanations to the needs of the patient
adapt the consultation despite cues or new	The use of language is technically correct	what has taken place	
information	but not well adapted to the needs and	T I (1) (1) (1) (1) (1) (1)	Employs a full range of fluent
	characteristics of the patient.	The use of language is fluent and takes into	communication skills, both verbal and non-
Is unable to consult within time scales that	Drevides symbols tis no that are modifiedly	consideration the needs and characteristics	verbal, including active listening skills.
are appropriate to the stage of training	Provides explanations that are medically correct but doctor-centred.	of the patient, for instance when talking to children or patients with learning	Uses a variety of communication
	correct but doctor-centred.	disabilities.	techniques and materials (e.g. written or
Uses stock phrases / inappropriate medical	Communicates management plans but	disabilities.	electronic) to adapt explanations to the
jargon rather than tailoring the language to	without negotiating with, or involving, the	Uses the patient's understanding to help	needs of the patient.
the patients' needs and context	patient.	improve the explanation offered.	needs of the putert.
The approach is inappropriately destar	patient.	improve the explanation offered.	Whenever possible, adopts plans that
The approach is inappropriately doctor- centred	Consults to an acceptable standard but	Works in partnership with the patient,	respect the patient's autonomy. When
Centred	lacks focus and requires longer consulting	negotiating a mutually acceptable plan that	there is a difference of opinion the patient's
	times.	respects the patient's agenda and	autonomy is respected and a positive
		preference for involvement.	relationship is maintained.
	Aware of when there is a language barrier		
	and can access interpreters either in person	Consults in an organised and structured	Consults effectively in a focussed manner
	or by telephone.	way, achieving the main tasks of the	moving beyond the essential to take a
		consultation in a timely manner.	holistic view of the patient's needs within
			the time-frame of a normal consultation.
		Manages consultations effectively with	

patients who have different languages,

cultures, beliefs and educational

backgrounds.

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

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.

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

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.

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

Making a diagnosis/decisions

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

Indicators of Potential Underperformance	Needs further development	Competent	Excellent
Is indecisive, illogical or incorrect in decision-making Fails to consider the serious possibilities Is dogmatic/closed to other ideas	Generates an adequate differential diagnosis based on the information available. Generates and tests appropriate hypotheses.	Makes diagnoses in a structured way using a problem-solving method. Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.	Uses pattern recognition to identify diagnoses quickly, safely and reliably. Remains aware of the limitations of pattern recognition and when to revert to an analytical approach.
Too frequently has late or missed diagnoses	Makes decisions by applying rules, plans or protocols. Is starting to develop independent skills in decision making and uses the support of others to confirm these are correct.	 Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis. Revises hypotheses in the light of additional information. 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. 	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. Continues to reflect appropriately on difficult decisions. Develops mechanisms to be comfortable with these choices.

Clinical management

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

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

Managing medical complexity

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

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

Working with colleagues and in teams

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

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

Maintaining performance, learning and teaching

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

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

Ensures students and junior colleagues are appropriately supervised.

Organisation, management and leadership

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

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

Practicing holistically, promoting health and safeguarding

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

Indicators of Potential Underperformance	Needs further development	Competent	Excellent
Treats the disease, not the patient Does not recognise possible signs of adult and child abuse, harm and neglect or engage with safeguarding processes.	 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. 	 Demonstrates understanding of the patient in relation to their socio-economic and cultural background. The doctor uses this understanding to inform discussion and to generate practical suggestions for the management of the patient. Recognises the impact of the problem on the patient, their family and/or carers. Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers. Demonstrates the skills and assertiveness to challenge unhelpful health beliefs or behaviours, whilst maintaining a continuing and productive relationship. 	 Accesses information about the patient's psycho-social history in a fluent and non-judgemental manner that puts the patient at ease. Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient. Facilitates appropriate long term support for patients, their families and carers that is realistic and avoids doctor dependence. Makes effective use of tools in health promotion, such as decision aids, to improve health understanding. Demonstrates skills and knowledge to contribute effectively to safeguarding
		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.	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.

Community orientation

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

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