Indicators of Potential Underperformance (IPUs) :

an interpretative tool for the competency framework

The competency framework (CF) developed for the MRCGP from the GP curriculum, is a series of word pictures that describe ‘positive’ behaviours that doctors display in practice.

The CF has now been augmented by selectively adding a number of ‘negative’ behaviours and placing them alongside the themes in the CF to which they are particularly (but not exclusively) related.

These behavioural descriptors are intended as an additional interpretative tool to make it easier to *recognise* underperformance, to do so *early* in training and the material may be used to give constructive *feedback* to the trainee.

**How can underperformance be recognised?**

The existing ‘positive’ word pictures illustrate a level of *performance*, but implicit in the CF is the idea that their opposites may indicate *underperformance*. These opposites are not stated explicitly but they should be thought about routinely and it should be noted that underperformance may be indicated by actions which are the opposite of any word picture whether NFD or competent. For example:

Under **Managing medical complexity**, the NFD descriptors include:

‘Draws conclusions when it is appropriate to do so’

The opposite includes:

'Comes to conclusions at an inappropriate time, e.g. too soon too late'

Under **Communication and consultation skills** the competent descriptors include:

‘Explores the patient's agenda, health beliefs and preferences’

The opposite includes:

‘Fails to explore the patient's agenda, health beliefs or preferences’

Under **Fitness to practise**, the competent descriptors include:

‘Where personal performance is an issue, seeks advice and engages in remedial action’

The opposite includes:

‘Doesn't seek advice appropriately and therefore misses opportunities to improve performance where this is an issue’

In addition to thinking about the opposites, we have now added some new ‘negative’ descriptors, which are called **Indicators of potential underperformance (IPU)** and these are displayed in a column to the left of the theme to which they are most closely associated. These go beyond the opposites and add useful meaning or emphasis to the themes that they are placed alongside. Not all themes have IPUs but this does not mean these themes are less important, simply that an IPU would not add significantly to what the opposites might say about performance.

When any behaviour, positive or negative, is recognised for the first time, we cannot be certain that it is present consistently. For example this might be because the behaviour was a one-off on the part of the trainee or because the observer was incorrect about what was seen. This is why the acronym IPU is used, to stress that the word picture is an indicator of *potential* underperformance, which if seen is not a diagnosis in itself but needs checking out before any conclusions can be drawn.

Note that because of its implications, if a negative behaviour is seen it should never be ignored or assumed to be an isolated occurrence; sometimes it may be sufficiently worrying to warrant immediate action

The process of checking includes looking to see if the behaviour is persistent, whether it has been observed in other contexts, such as differing areas of clinical practice, and whether it has been recognised by other colleagues.

The structure of the CF can also help by showing us which area the underperformance might lie within and therefore which other IPUs or opposites we might look out for as corroborative evidence.

For example, if the trainee is noted to ‘work in isolation’, we might look to see if the IPUs ‘gives little support to team members’ or ‘inappropriately leaves their work for others to pick up’ also apply. Additionally, we might check for opposites such as ‘doesn’t work co-operatively with the other members of the team’. If present, these negative indicators could indicate a significant problem within the competency of ‘working with colleagues and in teams’.

In the CF, the positive descriptors are arranged in a sequence from *Needs Further Development* to *Expert*, However, the negative behaviours simply relate to a theme of performance and may help us to revise a previous impression of performance in this area. They should therefore not be thought of as representing *‘NFD below expectations’,* because they might for example suggest that the grade needs to be moved from *Excellent* to *Competent*.

Giving feedback, especially negative feedback, needs to be done well if any notice is going to be taken of it and for this reason it should be specific and should focus on observed behaviours. The descriptors are not intended to be fed back verbatim but to be tailored to the individual and stage of training.

Although we have focused on underperformance, the IPUs can also help to clarify what *good* performance might look like by thinking about their opposites. Here are some examples of the opposites of the IPUs and the competency areas that they relate to:

* ‘Treats the patient as a whole not just the disease’ (Practising holistically)
* ‘Keeps an open mind and thinks broadly about diagnostic possibilities (Making a diagnosis/making decisions)
* ‘Accepts critical feedback positively’ (Maintaining Performance, Learning and Teaching)
* Does not prioritise his/her own interests above those of the patient (Fitness to Practise)

In summary, the positive descriptors and their opposites along with the new IPUs and their opposites complement each other and should be used to build up a rich picture of performance.