

Agenda item:	13
Report title:	Draft consultation on Generic Professional Capabilities framework
Report by:	Mary Agnew , Assistant Director – Standards, Ethics and Education Policy magnew@gmc-uk.org , 020 7189 5325
Considered by:	Strategy and Policy Board
Action:	To consider

Executive summary

We plan to launch, with the Academy of Medical Royal Colleges, a public consultation on a framework for generic professional capabilities. The framework aims to identify, simplify and clarify the important core professional capabilities of all doctors at the point of specialist registration – increasing patient safety and reducing the regulatory burden across the sector. The framework is aimed primarily at those in colleges who develop curricula and education providers. It is designed to promote and strengthen professional practice in postgraduate training in core areas like communication, leadership, and understanding complex systems; set outcomes that doctors must meet by the end of postgraduate training; integrate and contextualise generic elements across all 65 specialty curricula; and provide a potential blueprint for undergraduate and foundation curricula. We believe it is consistent with the principles outlined in the independent Shape of Training review. We have developed and tested the draft framework with a wide range of key interest groups and now wish to consult publicly on the principle and content of the framework.

At its meeting on 21 May 2015 the Strategy and Policy Board considered the plans for consultation. The Board agreed that it was content for us to proceed, subject to Council's agreement.

Recommendations

Council is asked to:

- a** Agree that we proceed, jointly with the Academy of Medical Royal Colleges, a 12 week consultation on a framework for generic professional capabilities from 1 July 2015.
- b** Agree that the Strategy and Policy Board will review the consultation results, agree the final content of the framework and agree an implementation plan in December 2015.

Issue

- 1 We propose to launch, jointly with the Academy of Medical Royal Colleges (the Academy), a public consultation on a framework for generic professional capabilities (GPC). The purpose of this framework is to identify, simplify and clarify the important core professional capabilities expected of all doctors at the point of specialist registration. Currently, there is a high degree of variability amongst postgraduate curricula. This variability in training represents significant risk to patients.
- 2 Analysis of Fitness to Practice (FtP) data identifies that most FtP concerns fall into one or more of the 10 core domains identified in this framework.
- 3 Introducing a common professional framework at the heart of all medical curricula offers a significant opportunity to improve the safety and quality of clinical care by making sure all doctors are trained to understand their professional responsibilities and develop a set of generic professional capabilities.
- 4 This common approach to professional training has the potential to reduce the regulatory burden across the sector while also championing patient safety, high quality training and clinical excellence.
- 5 A focus on developing such non-technical skills has been at the heart of transforming other safety critical industries including nuclear, military, maritime and petro-chemical industries. Healthcare has been slow to introduce these powerful training approaches into curricula. This framework intends to start addressing this significant deficiency.
- 6 A generic professional capabilities framework would also provide a consistent approach to embedding GMC professional standards and guidance along with other statutory responsibilities within all medical curricula.
- 7 The GPC framework is an innovative approach that with patient safety, professionalism and clinical excellence at its heart.

Background

- 8 The ability of doctors and health care staff to manage risk and complexity are vital to delivering safe and effective patient care. This requires not only knowledge and technical ability in the specialty area, but the ability to apply a range of complementary professional skills that together demonstrate insight and awareness e.g. communication, leadership, understanding of the system within which they work.
- 9 With the Academy, our aim is for the GPC framework to form an integral part of curricula. The draft framework is at [Annex A](#). It describes the professional aspects of practice and the outcomes we expect doctors to meet by the time they complete UK postgraduate medical education and training.

- 10 The principle of a framework has been broadly welcomed in discussions with key interests including NHS (England) and Health Education England - particularly in the context of developing work on promoting safer, more compassionate care, including clinical human factors, tackling surgical never-events and improving end of life care.
- 11 Whilst the Academy's Medical leadership competency framework and Common competencies framework for doctors were integrated into curricula in 2010, the overall picture remains variable in terms of the coverage of professional skills.
- 12 Some preliminary work with key interests in 2012 suggested that a generic framework for all specialties would simplify and provide clarity for the profession.
- 13 There was also a strong view that less emphasis should be placed on ticking boxes and more emphasis should be placed on developing the doctor as a rounded professional with insight, situational awareness and sound professional judgement. This view was supported in the final report of the *Shape of training* review which recommended the introduction of a GPC framework.

Detail

- 14 During 2014/early 2015, and jointly with the Academy, we developed the draft GPC framework at [Annex A](#). We tested ideas through an informal discussion group which involved experts in undergraduate and postgraduate curricula, assessment, patient and public involvement, quality improvement, medical leadership and human factors.
- 15 The GPC framework has ten domains supported by specific themes and required outcomes. The domains comprise: professional values & behaviours (building on *Good medical practice*), professional skills (practical and clinical) professional knowledge, communication, leadership and team working, patient safety and quality improvement, dealing with complexity and uncertainty, safeguarding vulnerable groups, education and training and research.
- 16 The GPC framework is not intended to be a stand-alone curriculum. We would expect medical royal colleges and faculties to use it as an outline to guide them as they develop and design their curricula. This will lead to a consistent approach to curricula layout and development and will in turn simplify and standardise the GMC approval process.
- 17 By moving to an outcomes-based approach to curricula development we will allow greater flexibility in local delivery and reduce the need for repeated regulatory approval for minor amendments to curricula. A key feature of the new approach should be to reduce the regulatory burden while creating the space for innovation in delivery of training.

- 18** All curricula submitted to the GMC for approval would be expected to include the generic outcomes described in the GPC framework as well as representing the detailed specialty content.
- 19** We are working towards implementation of the GPC framework by 2017, subject to any further developments on the *Shape of training*.
- 20** The generic nature of the framework and the development and use of a common language to describe professional practice will provide greater consistency across all postgraduate specialty curricula. This common language and approach to training should also improve the identification and management of performance concerns amongst doctors in training.
- 21** The GPC framework should also provide indicative guidance on the future content of undergraduate and foundation curricula.
- 22** In future, the award of a certificate of completion of training will partly depend on evidence that the doctor has met the outcomes described in the GPC framework.

The proposed consultation

- 23** With the Academy, we have prepared a draft consultation document and the consultation questions are set out at [Annex B](#). In addition to asking key interests what they think about the principle and content of the framework – including the domains, themes and outcomes - we will seek views on how assessment of GPCs might be undertaken.
- 24** As the GPC framework will form the core of a future indicative curriculum framework we are also reviewing the current Standards for curricula and assessment systems that we use to evaluate curricula and assessment proposals. We expect to consult on these Standards in the autumn.
- 25** The GPC framework requires doctors in training to apply in practice national legislation governing equality and diversity, particularly as it affects patients with protected characteristics and vulnerable children and adults. It also requires doctors to understand multicultural aspects of delivering healthcare. We will actively target protected groups to offer them an opportunity to respond to our consultation.

Next steps

- 26** Subject to Council's agreement, we plan to begin a 12-week consultation from 1 July 2015.

- 27** In December 2015 we will ask the Strategy and Policy Board to review the consultation results, agree final content of the framework and agree a plan for implementation.
- 28** We are working towards implementation of the GPC framework by 2017, subject to any further developments on the Shape of Training.

13 – Draft consultation on Generic Professional Capabilities framework

13 – Annex A

Generic professional capabilities framework

- 1 This is the draft of the framework for generic professional capabilities which should be read in conjunction with the main paper.
- 2 The framework has 10 domains, which are supported by themes and required outcomes.

Domain 1: Professional Values & Behaviours

The GMC expect competent and capable doctors to demonstrate appropriate personal and professional behaviours, beliefs and values, which include:

- discharging their duty of care to their patients
- acting with honesty and integrity
- maintaining trust by showing respect, courtesy, dignity and empathy for others, including patients, carers, guardians and colleagues
- ensuring patient confidentiality
- demonstrating openness and transparency in their dealings with patients and employers – known as the professional duty of candour
- raising and escalating concerns where there is an issue with patient safety or quality of care
- being accountable as an employee to their employer
- being professionally accountable within an appropriate clinical governance framework
- managing time and resources effectively

- being aware of, self-monitoring and seeking appropriate advice to maintain their own physical and mental health
- demonstrating awareness of their own behaviour, conduct or health, particularly where this might put patients at risk
- demonstrating awareness of the behaviour, conduct or health of others, particularly where this might put patients at risk
- working within appropriate equality and diversity legislation
- working within appropriate health and safety legislation
- demonstrating a commitment to learn from patient safety investigations and complaints
- maintaining their professional legitimacy and credibility by successfully completing appropriate continuing professional development and statutory and mandatory training
- demonstrating an ability to learn and reflect on their professional practice.

Domain 2: Professional skills

Practical skills

Although some of the practical skills we have identified may seem obvious, we have set them out below because they are fundamentally important to safe and effective patient care. Doctors in training must be:

- literate
- numerate
- articulate
- able to give clear, accurate and legible written instructions
- able to give clear, accurate and comprehensible verbal instructions
- able to make accurate and contemporaneous records of their observations or findings
- able to demonstrate an appropriate understanding of the legal aspects of digital and written records
- able to demonstrate an appropriate understanding of information governance and data protection

- able to demonstrate appropriate IT skills, including word processing and data collection.

Clinical skills

For the many clinical specialties that involve direct patient contact, doctors should have some key generic clinical skills.

History taking, diagnosing and medical management

Doctors in training must demonstrate that they can:

- take a relevant and detailed patient history
- perform accurate clinical examinations
- show appropriate clinical reasoning by analysing physical and psychological findings
- formulate an appropriate differential diagnosis
- formulate an appropriate diagnostic and therapeutic management plan, taking into account the urgency required
- explain clinical reasoning behind diagnostic and clinical management decisions.

Consent

Doctors in training must demonstrate and understand the processes associated with consent, including:

- ensuring accurate patient identification
- obtaining valid informed consent from the patient
- mental capacity issues
- safeguarding children and vulnerable adults
- resuscitation status and patient consent
- confidentiality

Prescribing medicines safely

Doctors in training must be able to:

- prescribe safely and use appropriate approaches and strategies to ensure safe management and usage of medicines
 - review and monitor appropriate therapeutic interventions relevant to their scope of clinical practice
-

- prescribe antimicrobial drugs responsibly
- prescribe medications and use other therapies in line with the latest evidence
- make sure medicines are used safely by complying with safety checks, contributing to reporting systems, and following other monitoring processes
- understand the challenges of safe prescribing in frail elderly people
- manage adverse incidents and therapeutic interactions appropriately.

Using medical devices safely

Doctors in training must:

- understand the importance of being trained in the use of specialist medical equipment and devices
- make sure medical devices are used safely by complying with safety checks, contributing to reporting systems, and following other appropriate maintenance and monitoring processes
- understand the design features and safety aspects associated with the safe use of medical devices
- know how to safely operate medical devices after appropriate training.

Humane interventions

Doctors in training must demonstrate clinical judgement and intervene appropriately to ensure adequate:

- nutrition
- hydration and rehydration
- pain management
- palliative care at the end of a patient's life
- cardio-pulmonary resuscitation.

Infection control and communicable disease

Doctors in training must demonstrate that they can:

- appropriately prevent, manage and treat infection, including controlling the risk of cross-infection

- work appropriately within the wider community to manage the risk posed by communicable diseases.

Domain 3: Professional knowledge

GMC professional requirements

Doctors in training must be aware of and adhere to the GMC's professional requirements, including:

- meeting the standards expected of all doctors, set out in *Good medical practice*
- keeping up to date with other GMC professional guidance
- taking part in revalidation, which involves understanding their scope of practice and the role and responsibility of the responsible officer
- completing continuing professional development to keep their knowledge and skills up to date¹
- working within appropriate clinical governance frameworks.

National legislation

Doctors in training must be aware of their legal responsibilities and be able to apply in practise any national legislation governing, for example:

- employment law particularly as it relates to them as an employee
- mental capacity
- mental health
- safeguarding of vulnerable children and adults
- genital mutilation
- equality and diversity, including the nine protected characteristics²
- data protection and confidentiality
- other legislation relevant to medical practice

¹ General Medical Council (2012) *Continuing professional development* available at: www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp

² The *Equality Act 2010* specifies nine protected characteristics that cannot be used as a reason to treat people unfairly: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- health and safety legislation, including hazardous substances
- the working time directive
- establishing and certifying death
- referral to the coroner.

The healthcare system

Doctors in training must be aware of and understand:

- the structure of the National Health Service (NHS), the independent sector and the wider health and social care landscape
- the local healthcare system and its relationship to social care
- how services are commissioned, funded and audited
- how services are held publically accountable

Health promotion and illness prevention

Doctors in training must be aware of and understand:

- the factors affecting health inequalities
- the relationship of the physical environment to health
- basic principles of public health, including health promotion, vaccination and illness prevention
- basic principles of global health
- how to manage health and social care of local populations through:
 - community engagement
 - family and community-based interventions
 - global and multicultural aspects of delivering evidence-based, sustainable healthcare.

Domain 4: Communication capabilities

Doctors in training must demonstrate that they can communicate effectively, assertively, respectfully and be able to negotiate and share decision making, while maintaining appropriate situational awareness and professional judgement. They must do this:

— ■ with patients, relatives, carers and guardians by: _____

- demonstrating effective consultation skills
- establishing a constructive doctor-patient partnership with the ability to display empathy and compassion
- sharing decision making by negotiating with and informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and reasonable expectations
- communicating effectively and sensitively, when breaking bad news
- effectively managing challenging conversations or consultations
- using an interpreter or translation services where appropriate
- delivering an honest apology and effective explanation where appropriate
- with colleagues in the multi-disciplinary team by:
 - exploring and resolving diagnostic and management challenges
 - applying management and team-working skills, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations
 - ensuring continuity and coordination of patient care through the appropriate transfer of information
 - demonstrating safe and effective handover, both verbally and in writing
- individually by:
 - maintaining appropriate situational awareness and sensitivity to the impact of their comments on others.
 - Raising safety concerns appropriately through clinical governance systems

Domain 5: Capabilities in Leadership and team working

Doctors in training must demonstrate that they can lead and work effectively in a team by:

- showing awareness of their leadership responsibilities
- understanding direct and shared leadership
- appreciating their leadership style and their impact on others

- thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others
- making appropriate, time-sensitive decisions, informed by an understanding of the psychology of decision making, fixation error³ and cognitive biases⁴
- demonstrating appropriate 'followership' - the active participation and contribution to the work and success of a team
- supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and support development
- challenging and critically appraising performance of colleagues, peers and systems
- promoting and participating in multi-disciplinary, inter-professional team working
- promoting an open and transparent culture

Domain 6: Capabilities in patient safety and quality improvement

Doctors in training must demonstrate that they can participate in and promote activity to improve the quality and safety of patient care and clinical outcomes. To do this, they must:

- understand the importance of raising and acting on concerns
- understand the importance of sharing good practice
- understand basic Human factors principles and practice at individual, team, organisational and system levels
- understand multi-disciplinary, inter-professional team working
- promote and participate in inter-professional learning
- understand human error and its mitigation including fixation error, and cognitive biases
- understand risk management and its mitigation such as root cause analysis:

³ the inability to reassess and consider new possibilities leading to error and mismanagement of conditions or circumstances

⁴ patterns of concrete thinking that affect the quality of judgements and decisions by not considering all appropriate circumstances

- reflecting on their personal behaviour and practice
 - effectively debriefing their own performance and that of others
 - taking part in revalidation
 - making changes to their practice in response to learning opportunities
 - contributing to improvements in a practice setting or wider clinical environment through examining information from audit, inquiries, critical incidents or complaints, and implementing appropriate changes
- design and implement quality improvement projects that improve clinical effectiveness and patients' safety and experience by:
- using data to identify areas for improvement
 - employing quality improvement methods such as 'plan, do, study, act' cycles
 - engaging with stakeholders, including patients, doctors and managers to plan and implement change
 - measuring and evaluating the impact of improvement.

Domain 7: Capabilities in dealing with complexity and uncertainty

Doctors in training must demonstrate that they can:

- demonstrate appropriate professional judgement in a wide range of clinical and non-clinical contexts and circumstance
- adapt management of medical problems to take account of patients' wishes, comorbidities and long-term conditions
- understand that health and wellbeing is a complex biomedical, psychological and sociological outcome
- adapt management to patients at extremes of age, including frail elderly people
- understand requirements for recovery and rehabilitation

Domain 8: Capabilities in safeguarding vulnerable groups

Doctors in training must:

- recognise patients with common mental health conditions (eg depression, dementia or delirium), manage them and, if appropriate, refer them to colleagues with relevant expertise.

- recognise safeguarding issues for children and vulnerable adults and act on these appropriately
- understand mental capacity and the importance of protecting the safety of individuals and society
- understand the needs and support required for those with learning disabilities
- understand positive behavioural support and when and how to restrain and safeguard vulnerable adults in distress
- recognise where addiction (to drugs, alcohol or smoking), obesity, environmental exposure or social deprivation issues are contributing to ill health and act on this information.

Domain 9: Capabilities in education and training

Doctors in training must demonstrate that they can:

- provide safe clinical supervision of learners and other doctors in training
- plan and deliver effective education and training activities
- take part in induction and orientation
- provide supportive developmental feedback, both verbally and in writing
- create effective learning opportunities
- evaluate and reflect on the effectiveness of their educational activities
- assess fairly and objectively the performance of learners and other doctors in training
- understand how to raise concerns about the performance of a learner or another doctor in training who is under their supervision.

Domain 10: Capabilities in research

Doctors in training must demonstrate that they can:

- demonstrate evidence-based practice
 - understand how to critically appraise literature
 - understand and apply basic research principles
 - understand basic principles of research governance and how they should apply relevant ethical guidelines to research activities
-

- draw from public health epidemiology and other data sources
- conduct a literature search and review.

13 – Draft consultation on Generic Professional Capabilities framework

13 – Annex B

Draft consultation questions

- 1** These are the draft consultation questions on the framework for generic professional capabilities.
- 2** There are 21 questions in the draft consultation. The technical detail of the framework is covered in questions 1 to 15. Questions 16 to 21 cover patient safety, equality and diversity and the scope and style of the document.
- 3** Each question asks respondents to agree, disagree – with a ‘yes’ / ‘no’ answer or indicate if they are unsure.
- 4** Also, each question has a free-text comments box facility which respondents can complete if they wish.
- 5** The questions are as follows:

General principle of the framework

Q1 Do you think that generic professional capabilities are important to medical practice?

The structure of the framework

Q2 Do you agree with the 10 domains that we have separated the framework into?

Q3 Do you agree with domain 1 and the associated outcomes on professional values and behaviours?

Q4 Do you agree with domain 2 and the associated outcomes on professional skills?

Q5 Do you agree with domain 3 and the associated outcomes on professional knowledge?

Q6 Do you agree with domain 4 and the associated outcomes on communication capabilities?

Q7 Do you agree with domain 5 and the associated outcomes on capabilities in leadership and team working?

Q8 Do you agree with domain 6 and the associated outcomes on capabilities in patient safety and quality improvement?

Q9 Do you agree with domain 7 and the associated outcomes on capabilities in dealing with complexity and uncertainty?

Q10 Do you agree with domain 8 and the associated outcomes on capabilities in safeguarding vulnerable groups?

Q11 Do you agree with domain 9 and the associated outcomes on capabilities in education and training?

Q12 Do you agree with domain 10 and the associated outcomes on capabilities in research?

Assessment

Q13 Is it important that generic professional capabilities are assessed?

Q14 Are they assessable?

Q15 Do you think it is possible to use existing methods and tools for assessment?

How we have addressed patient safety

Q16 Do you agree that we have sufficiently addressed patient safety in the framework?

How we have addressed equality and diversity

Q17 Do you agree that the framework sufficiently addresses equality and diversity?

Have we covered everything?

Q18 Are there any other themes you think we should include in the framework?

Q19 Is there anything you think we should remove from the framework?

Yes No Not sure

How the framework is written

Q20 Did you find the framework easy to read and navigate?

Q21 Did you understand all the terms used?